Kinerja Expansion: Health System Strengthening and Basic Education in Papua Annual Report

(October 2015 - September 2016)

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Kinerja Expansion: Health System Strengthening and Basic Education in Papua

Annual Report

For the period October 2015 - September 2016

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[1] RTI International is a trade name for Research Triangle Institute.

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Kinerja Abbreviations/Terms

AIDS	Acquired Immune Deficiency Syndrome
AJI	Alliance of Independent Journalists
ANC	Antenatal Care
AOR	Agreement Officer Representative
APBD	District Government Annual Budget *(Anggaran Pendapatan dan Belanja Daerah*)
APEKSI	Indonesian Association of Municipal Governments *(Asosiasi Pemerintah Kota Seluruh Indonesia)*
AWP	Annual Work Plan
BAKD	Directorate General of Regional Financial Administration (*Direktorat Jenderal Bina Keuangan Daerah*)
Balatkes	Provincial Health Training Agency (*Balai Pelatihan Kesehatan*)
Bappeda	Local Government Agency for Regional Development Planning *(Badan Perencanaan Pembangunan Daerah*)
Bappenas	National Development Planning Agency *(Badan Perencanaan dan Pembangunan Nasional*)
BHS	Basic Health Services
BKD	District Personnel Board *(Badan Kepegawaian Daerah*)
BKPM	Investment Coordination Board (*Badan Koordinasi Penanaman Modal*)
BOK	Health Operational Assistance (*Bantuan Operasional Kesehatan*)
BPKAD	Regional Asset and Finance Management Office (*Badan Pengelola Keuangan dan Aset Daerah*)
BPMD	Regional Investment Board *(Badan Penanaman Modal Daerah*)
BP3AKB	Women's Empowerment, Child Protection and Family Planning Agency (*Badan Pemberdayaan Perempuan, Perlindungan Anak dan Keluarga Berencana*)
Bupati	District Head
CHS	Complaint-Handling Survey
CJ	Citizen Journalist
COP	Chief of Party
CORDIAL	Center for Indonesian Human Resource Development
CS	Complaint Survey
CSI	Customer Satisfaction Index
CSO	Civil society organization
CSR	Corporate Social Responsibility
DEC	District Education Council
DEO	District Education Office
DHO	District Health Office
District	In this report the term District will be used to refer to both regencies (*kabupaten*) and municipalities (*kota*)
DPRD	Local Legislative Council at either the provincial, district or municipal level (*Dewan Perwakilan Rakyat Daerah*)
DTT	District Technical Team
EDS	School Self-Evaluation (*Evaluasi Diri Sekolah*)
EMIS	Education Management Information System
FGD	Focus Group Discussion
FKIP - UNCEN	Faculty of Teacher Training and Education at Cenderawasih University (*Fakultas Keguruan dan Ilmu Pendidikan - UNCEN*)

FY	Fiscal Year
GOI	Government of Indonesia
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HSS	Health System Strengthening
Humas	Public Relations (*Hubungan Masyarakat*)
IDR	Indonesian rupiah
IKM	Customer Satisfaction Index (*Indeks Kepuasan Masyarakat*)
IMP	Integrated Micro-Planning
IO	Intermediary Organization
IPPM	Institute for Community Development and Empowerment (*Institut Pengembangan dan Pemberdayaan Masyarakat*)
ITAT	Integrated Technical Assistance Team
Kabupaten	District
Kecamatan	Subdistrict
KIA	Maternal and Child Health (*Kesehatan Ibu dan Anak*)
KM	Knowledge Management
Konsil LSM	Indonesian NGO Council
Kota	Municipality
KPPOD	Indonesia Regional Autonomy Watch *(Komite Pemantauan Pelaksanaan Otonomi Daerah)*
LAN	State Administrative Bureau (*Lembaga Administrasi Negara*)
LEGS	Local Education Governance Specialist
LHGS	Local Health Governance Specialist
LOI	Letter of Intent
LPMP	Education Quality Assurance Agency (*Lembaga Penjaminan Mutu Pendidikan*)
LPSS	Local Public Service Specialist
LSPPA	Women and Children's Development and Study Agency (*Lembaga Studi dan Pengembangan Perempuan dan Anak*)
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MOEC	Ministry of Education and Culture
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRP	Papuan People's Assembly (*Majelis Rakyat Papua*)
MSF	Multi-Stakeholder Forum
MSS	Minimum Service Standards
NGO	Non-governmental organization
OCA	Organizational Capacity Assessment
OTSUS	Special Autonomy
Pemekaran	Proliferation of districts
PEFT	Provincial Education Facilitation Team
PEO	Provincial Education Office
PHFT	Provincial Health Facilitation Team
PHO	Provincial Health Office
PKMK UGM	Center for Health Management and Policy (*Pusat Kebijakan dan Manajemen Kesehatan*) at Gadjah Mada University
PMC	Project Management Committee

PMP	Performance Management Plan
PNC	Postnatal Care
Pokja	Working Group (*Kelompok Kerja*)
Posyandu	Integrated Services Post *(Pos Pelayanan Terpadu*)
PPMN	Indonesia Association for Media Development (*Perhimpunan Pengembangan Media Nusantara*)
PSD	Public Service Delivery
PSS	Public Service Standards
Puskesmas	Community Health Center *(Pusat Kesehatan Masyarakat)*
Riskesdas	National Basic Health Survey *(Riset Kesehatan Dasar)*
RAD KtPA	Regional Action Plan for the Prevention and Management of Violence against Women and Children (*Rencana Aksi Daerah Pencegahan dan Penanganan Kekerasan terhadap Perempuan dan Anak*)
RKAS	School Work Plan and Budget (*Rencana Kerja Anggaran Sekolah*)
RPJMD	Local Mid-Term Development Plan *(Rencana Pembangunan Jangka Menengah Daerah)*
RTI	Research Triangle Institute
SBM	School-Based Management
SD	Elementary School *(Sekolah Dasar)*
SDU	Service-Delivery Unit
Sekda	Regional Secretary *(Sekretaris Daerah)*
SIM-NUPTK	Management Information System for Teachers and Teaching Staff
SKPD	District Technical Working Unit *(Satuan Kerja Perangkat Daerah)*
SOP	Standard Operating Procedure
SOW	Scope of Work
STTA	Short-Term Technical Advisor
TB	Tuberculosis
TOR	Terms of Reference
TOT	Training of Trainers
UGM	Gadjah Mada University, Yogyakarta
UNCEN	Cenderawasih University, Kota Jayapura
UNICEF	United Nations Children's Fund
UP2KP	Special Unit for the Acceleration of Health Development in Papua
UP4B	Special Unit for the Acceleration of Development in Papua and West Papua (*Unit Percepatan Pembangunan Papua dan Papua Barat*)
UPTD	Regional Technical Service Unit *(Unit Pelayanan Teknis Daerah)*
USAID	United States Agency for International Development
Walikota	City Mayor
WHO	World Health Organization
YHI	Mothers' Hope Foundation (*Yayasan Harapan Ibu*)
YKP	The Women's Health Foundation *(Yayasan Kesehatan Perempuan)*

Definitions:

Districts: In this document, the term "districts" refers to both *kabupaten* (districts) and *kota* (municipalities) for purposes of simplicity. The term "target districts" refers to the geographical areas that will receive technical assistance.

Fiscal Year (FY): In keeping with the US government, Kinerja reports on an October–September fiscal year.

HIV/AIDS: Recognizing that there exists a variety of debate and terminology within the public health sector, the term “HIV/AIDS” is used within this document to reflect USAID terminology used in Indonesia.

Executive Summary

Kinerja's overarching goal during this extension phase is to improve public services in Papua by strengthening systems and governance in health and education. To achieve this, Kinerja focuses on strengthening the policy-enabling environment, strengthening governance and achieving substantial civil society engagement.

Transition/Preparation Phase

Kinerja program staff spent the first quarter of the program's 18-month cost extension (CE) focusing on the transition for the program's ongoing efforts in the health sector and preparing for the launch of the program's school-based management (SBM) intervention in the education sector. To this end, Kinerja worked with community health center (*puskesmas*) staff in Jayapura and Kota Jayapura in November 2015 to review standard operating procedures (SOPs) and address challenges in implementation.

The program also assisted its LG partners in all four districts to assess each one's integrated technical assistance team (ITAT). The result of this assessment laid the foundation for (1) the development of technical guidelines to support the ITATs in carrying out their monitoring and supervisory tasks at *puskesmas,* and (2) the revision of an existing Performance Management and Leadership (PML) module for the provincial health office (PHO) to build the capacity and skills of district health office (DHO) heads.

Despite finalizing the selection of new partner schools, Kinerja was unable to launch the SBM package in January 2016, as it took until March 2016 to secure a grant for its education intermediary organization (IO), the Institute for Community Development and Empowerment (*Institut Pengembangan dan Pemberdayaan Masyarakat* – IPPM).

Strengthening the Enabling Environment

Kinerja and the State Administrative Bureau (*Lembaga Administrasi Nasional* - LAN) jointly agreed that Papua would become the pilot province for two new training modules - one for policy makers and one for frontline staff. Working with Papua's Education and Training Agency (*Badan Pendidikan dan Latihan* – Badan Diklat), Kinerja completed the revised draft modules in March 2016, and conducted a training of trainers (TOT) for Badan Diklat's Master Trainers in July 2016.

However, the program went beyond its work plan target achievement by assisting Badan Diklat to amend the frontline module and conduct the first official Public Service Training in September 2016 for subdistrict service providers from three of Kinerja's target districts (Jayapura, Jayawijaya and Kota Jayapura). This first training was so well-received that the head of Badan Diklat confirmed that he would allocate around IDR 1.5 billion (USD 115 million) from the agency's 2017 budget to train other subdistrict frontline staff from the three districts plus Merauke, Mimika and Tolikara.

At the provincial level, Kinerja is assisting the provincial government (PG) to improve the allocation and management of Special Autonomy (**Otsus)** funds in both the health and education sectors. Kinerja concentrated its efforts on assisting its PHO and provincial education office (PEO) partners to address the first stage in the fund-management process – planning. To that end, the program launched efforts in the first quarter of FY 2016 to develop two sets of Otsus guidelines (one for each sector) for provincial officials to use to evaluate district

government Proposed Definitive Plans (*Usulan Rencana Definitif* – URD), which comprise each district education office (DEO)/DHO's work plan and budget incorporating proposed Otsus-funded activities. As of the end of September 2016, after several rounds of trials, reviews and amendments, the Otsus guidelines for education were finalized. The PEO also formed a 19-member Otsus team that will be responsible for evaluating the district URD.

Soon after launching its education component, some of Kinerja's local government (LG) partners announced their plans to **replicate Kinerja's good practices**. In March 2016, the DEO in Jayawijaya allocated funding to replicate Kinerja's SBM package at additional elementary schools in the district and the head of the PEO earmarked IDR 3 billion (USD 230,000) in development funding to replicate SBM at elementary and junior high schools across 15 of Papua's least-developed districts.

Strengthening Governance

In addition to its work with district partners to achieve **minimum service standards (MSS)**, Kinerja held discussions with the PEO in the second quarter of FY 2016 to develop guidelines to support the application and achievement of MSS across Papua. Kinerja was invited to attend the PEO's province-wide coordination meeting (Rakornis) in March 2016, where the program presented a draft of the guidelines to the assembled DEO staff. After several additional meetings with the PEO to work towards finalizing the guidelines, as of the end of September 2016, they were about 70 percent complete and finalization is anticipated by the end of November 2016.

The final draft of **technical guidelines for ITATs**, to act as a reference for ITAT monitoring and supervision of *puskesmas*, was completed in May 2016. Kinerja facilitated the first training for ITAT members from Jayapura and Kota Jayapura in early June 2016, and the second for members of the Jayawijaya ITAT later in the month. During August and September 2016, the three ITATs visited a total of 12 *puskesmas* (two in Jayapura and Kota Jayapura, respectively, and eight in Jayawijaya). Recommendations for all the visits in Jayapura and Jayawijaya were produced and sent to the relevant *puskesmas* by the end of September 2016. The two *puskesmas* visits in Kota Jayapura were the last to be conducted this year, on September 19, 2016. The follow-up evaluation will take place in October 2016 and technical recommendations will be compiled thereafter.

Alongside its collaboration with UNICEF to develop a new **Integrated Puskesmas Planning (IPP)** curriculum, Kinerja worked with its DHO partners and ITATs during FY 2016 to create an IPP framework to integrate the results of *puskesmas* Proposed Activity Plans (*Rencana Usulan Kegiatan* – RUK) into district-level plans and budgets. Kinerja and UNICEF held a series of workshops during the year to test the newly-completed IPP curriculum, by assisting DHO and *puskesmas* staff to develop draft RUK for 2017. Following public consultations and follow-up meetings with senior program staff at the DHOs in Jayapura and Jayawijaya to review the draft RUK, all nine finalized RUK (four in Jayapura and five in Jayawijaya) received DHO approval.

Jayapura was designated the single target district for completing this first trial of the new IPP mechanism (due to its familiarity with UNICEF's IMP tools). Therefore, Jayawijaya's achievement in securing the integration of five *puskesmas* RUK into the DHO's annual work plan is an additional achievement.

At the Jayapura meeting, during his closing remarks, the DHO secretary expressed his appreciation for Kinerja's support throughout the RUK-development process, and entered a

recommendation into the DHO's planning documents for the health office's Management Program to replicate the IPP-based RUK development process in other subdistricts in 2017.

Achieving Substantial Civil Society Engagement

With the grants of its three MSF-support IOs, CIRCLE Indonesia, the Mothers' Hope Foundation (*Yayasan Harapan Ibu* – YHI), and the AIDS Care Foundation (*Yayasan Peduli AIDS* – YAPEDA), ending by mid-October 2016, Kinerja's main objective throughout FY 2016 has been to consolidate the progress made during 2014-2015, and to build upon that by further enhancing **multi-stakeholder forum** (**MSF)** capacity in order to improve their chances for sustainability beyond the program's lifetime.

As part of its efforts to promote MSF sustainability, Kinerja has long advocated that both district and subdistrict MSFs should be granted legal status. Not only would such a move provide MSFs with regular operational budget funding but it would also offer them legitimacy as recognized LG partners, in a position to offer valuable input to the latter's efforts to improve health-care services.

The first breakthrough in this regard came in March 2016, when the district head in Jayapura signed and issued a district head decree (*perbup*) that had originally been drafted in June 2015, granting legal status to the district MSF for 2015-2020. This was followed in April 2016 by the signing of four of five subdistrict decrees on the formation of new MSFs at replication *puskesmas* in Kota Jayapura, and then in September 2016, the three subdistrict MSFs at Kinerja's former partner *puskesmas* in Jayawijaya also received legal recognition. This is a welcome sign that LGs are starting to appreciate the value of MSFs and see that they deserve to be supported in an official capacity.

All 30 of Kinerja's **partner schools**, in Jayapura, Jayawijaya and Kota Jayapura, launched their newly-developed service charters and technical recommendations at public signing ceremonies in August and September 2016. More than 150 people attended the ceremonies, including school principals, district education council (DEC) members, school committee heads, senior PEO officials, each district's DEO, legislators, district heads and village heads. Jayawijaya's district secretary, in his welcome address, said he very much appreciated the support for schools with the involvement of local community members, and he expressed his commitment to follow up on the technical recommendations produced by all nine schools.

A fundamental element in Kinerja's **media strategy** this year was the facilitation of quarterly meetings with citizen journalist (CJ) collectives - known in Jayapura and Kota Jayapura as the Papua Family of Journalists (*Ikatan Keluarga Jurnalis Papua* – IKJP) and in Jayawijaya as the Jayawijaya Journalists' Forum (*Forum Jurnalis Jayawijaya* – FJJ). The meetings provide a platform for participants to discuss current issues in health and education and to identify focus points for further advocacy. The IKJP/FJJ gatherings were also the starting point for media tours, which Kinerja launched in the second quarter of FY 2016.

The aim of the tours was to provide an opportunity to its CJ and mainstream media partners to see first-hand actual conditions at schools and *puskesmas* and to learn more about the challenges they face. The value of the media tours has been two-fold. Not only have they acted as an information gateway by highlighting specific issues that the media then releases to the public, they have also provided on-the-job training for Kinerja's CJs to improve their journalistic skills and hone their craft. This has led to higher standards in much of the work that CJs have produced during FY 2016. In January 2016, two print media outlets, *Salam Papua* and *Harian Papua*, which had never before been involved in Kinerja's media activities, started

to request CJ articles, as they appreciated the skills and capabilities that Kinerja's CJs possessed.

Challenges and Next Steps

Kinerja faced a number of internal and external challenges in FY 2016, although most of them revolved around one common theme – time, or the lack of it. The overall program design presented an inherent challenge with its limited 15-month implementation period, given that this CE was not merely an extension of what had gone before but was also an expansion. Not only did the program add an education component to its ongoing work in the health sector, it also engaged with an additional layer of government partners, at the provincial level.

The result was a program that was altogether more complex with a variety of different elements contained within it, which would necessitate strong commitment not only among Kinerja staff but also among partners and collaborators to ensure the fulfillment of the program's aims and objectives.

During the second quarter of FY 2016, Kinerja began to encounter major challenges, some of which caused substantial delays to certain areas of its programming. Arguably the worst-affected area in terms of implementation delays was Kinerja's health-sector work at the provincial level. Problems began with the limited availability of key PHO personnel for much of April and May 2016, which severely affected Kinerja's provincial-level initiatives, especially the development of the Otsus guidelines in health.

Towards the end of June 2016, the provincial Local Government Agency for Regional Development Planning (Bappeda) office stepped in and assumed coordination responsibility for the guidelines' ongoing development. This broke the impasse, but only temporarily. Although the delayed trial of the draft guidelines went ahead in July 2016, no further progress was achieved for the remainder of FY 2016. The program will endeavor to achieve some progress with the PHO in the next quarter but for a successful outcome, much will depend on the commitment of the PHO secretary.

The next quarter is liable to be just as, if not more, challenging than some of the preceding quarters. Despite several initiatives that need to be completed, the program will have even less time at its disposal. With the Kinerja program preparing to close out, the majority of district staff contracts are due to end in November 2016, and the majority of provincial staff contracts in December 2016. Five sustainability workshops are planned– one in each of Kinerja's four districts and one for provincial partners - in November 2016.

Nevertheless, Kinerja will attempt to complete what it can, with a primary focus on priority activities. These include the finalization of the Otsus guidelines in health; finalizing DHO work plans and budgets and DEO work plans; supporting district-level health and education ITATs to conduct further monitoring and supervisory visits to *puskesmas* and schools; finalizing the documentation of Kinerja Papua good practices in education and health; finalizing the guidelines to accelerate the achievement of education-related MSS for the PEO; conducting the third and final stage of the Women's Leadership Training (WLT); and supporting education stakeholders to start monitoring the implementation of school service charters and technical recommendations.

1. Introduction

The United States Agency for International Development (USAID) awarded the Kinerja Program Cooperative Agreement No: AID-497-A-10-00003 to RTI International and its consortium of core partners[2] in 2010. The original period of performance of this program was September 30, 2010, through February 28, 2015. A no-cost extension (NCE) was granted on October 30, 2014, to amend the program's end date to September 29, 2015. Kinerja Core focused on improving LG service provision in education, health and the business-enabling environment (BEE) in four provinces in Indonesia[3]. The program worked through local institutions to enhance capacity and encourage sustainable partnerships with LGs, while building on a body of existing innovative practices in local governance programs and sector initiatives. The core program activities in these four provinces were completed and closed out in September 2015.

On March 15, 2012, USAID expanded Kinerja's mandate to focus on governance in health-system strengthening (HSS) in the four target districts[4] of Jayapura, Kota Jayapura, Jayawijaya and Mimika. Similar to Kinerja Core, the Kinerja approach in Papua built upon the body of existing innovative practices in governance and public service delivery (PSD), adjusted them to district needs, and then adapted its approaches to strengthen health systems and enhance health outcomes.

In July 2015, USAID awarded Kinerja Papua an 18-month cost extension (September 30, 2015 to March 29, 2017). Kinerja's overarching goal during this extension phase has been to improve public services in Papua by strengthening systems and governance in health and education. To achieve this, Kinerja identified the following three-element strategy:

- Strengthening provincial and district policy-enabling environments;
- Strengthening governance to produce relevant, responsive basic services; and
- Achieving substantive civil society engagement.

Kinerja continues to implement interventions in the health sector, albeit with a greater focus on relations with provincial- and district-level governments. Due to low commitment from the LG in Mimika, the supply-side health program to strengthen governance is being implemented solely in Jayapura, Jayawijaya and Kota Jayapura, while the demand-side program to create substantive civil society engagement remains active in all four districts. Kinerja Papua also drew on its experience in the core program to add an education component in the form of public service-oriented SBM for elementary schools in three target districts (Jayapura, Jayawijaya and Kota Jayapura).

[2] The Asia Foundation (TAF), Social Impact (SI), SMERU Research Institute (SMERU), the University of Gadjah Mada (UGM) and Partnership for Governance Reform (*Kemitraan*).

[3] Aceh, East Java, South Sulawesi and West Kalimantan.

[4] In this report, districts and cities receiving Kinerja support will be referred to as districts.

This report details the broader activities of Kinerja Papua, and also illustrates how the program has operated in the districts over the past year. It includes the following:

- Program background and context;
- Objectives and results;
- Transition phase and technical implementation period;
- Program and grants management;
- Challenges and next steps, and
- Monitoring and evaluation (M&E);

1.1 Program Background and Context

USAID has made a considerable investment in the health sector in Papua, with a specific focus on Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), maternal and child health (MCH), and Tuberculosis (TB), through a range of projects and partners. Although these projects made significant inroads at the technical level, the health sector in the province continues to be poorly governed and is characterized by poor definitions of roles and responsibilities, low attendance rates by health workers in health facilities, insufficiently stocked health centers and other facilities, and a lack of outreach services. These conditions contribute to limited access to and utilization of personal and public health services, and poor health outcomes.

Similarly in the education sector, a number of challenges exist in Papua. These include limited access for children to schools, weak educational management, low teacher competency, high teacher and student absenteeism, and little community involvement and participation. Collectively, these conditions have resulted in low attainment of basic skills, indicated by many students' lack of ability in reading, writing and math. The lack of access to basic education is highlighted in USAID Indonesia's Country Development Cooperation Strategy 2014-2018, which argues for the need to focus on expanding access to high-quality basic education, as well as enhancing the capacity of local and provincial governments to plan, manage and budget for education services, and to improve school management.

On the political front, the national government recently reduced restrictions on journalist travel to Papua and ordered security forces to realign their engagement strategies with communities as development partners. Additionally, Papua's Governor has introduced regulations mandating that 80 percent of Special Autonomy (Otsus) funds be allocated directly to districts and that 15 percent and 30 percent of those funds be allocated for health and education, respectively.

Finally, the national government's new "outside in" development policy is designed to hasten infrastructural development in Indonesia's historically lesser-served regions and, thus, encourage greater investment. In the larger sense, these initiatives have the potential to ease some bottlenecks for improved governance and services. For Kinerja, they offer opportunities to invigorate and strengthen relationships with Papuan stakeholders and achieve even greater buy-in to the program's aims and objectives.

1.2 Objectives and Results

Kinerja's main goal during this extension phase is to improve public services in Papua by strengthening systems and governance. To this end, Kinerja identified three program objectives for the Papua extension: (1) strengthened policy-making; (2) improved LG capacity to manage

and deliver services, and (3) improved citizen/civil society organization (CSO) oversight and advocacy capacity.

Kinerja has adopted a three-element strategy to achieve its program objectives:

- Strengthening provincial and district policy-enabling environments;
- Strengthening governance to produce relevant, responsive basic services; and
- Achieving substantive civil society engagement.

In practice, Kinerja is continuing its work in the health sector but with a shift away from direct intervention at *puskesmas* to focus on building the capacity of LGs to manage and support *puskesmas* in the delivery of health-care services. The program also introduced an education package in the form of SBM for elementary schools. In order to support its efforts in health and education and provide a strong foundation for sustainability, Kinerja has also placed great emphasis on district-level planning and budgeting in both sectors, supporting LGs to integrate MSS into annual and mid-term work plans and budgets.

2. Transition/Preparation Phase

In line with the Kinerja Papua Extension Work Plan September 2015-March 2017, staff spent the first quarter of the program's 18-month CE focusing on the transition for Kinerja's ongoing efforts in the health sector and preparing for the launch of the program's SBM intervention in the education sector.

2.1 Transition for Health

The first task for program staff was to follow up with its existing LG and civil society stakeholders to explain the program's key aims and objectives during the extension and to gain widespread support. Kinerja successfully extended its letters of intent (LOIs) with district heads in each of its four target districts (Jayapura, Jayawijaya, Kota Jayapura and Mimika).[5]

2.1.1 Withdrawing direct support from puskesmas

One of the key elements of Kinerja's transition in health was the shift away from direct engagement with *puskesmas* in order to focus on strengthening and supporting DHO ITATs, which were established by Kinerja in 2015 to function as the primary agents for district-level, integrated supervision, monitoring and oversight to improve *puskesmas* performance.

To facilitate this transition, Kinerja helped its LG partners at the start of FY 2016 to conduct (1) *puskesmas* assessments, to ascertain specific needs at partner health centers to offer tailor-made support to each of the *puskesmas* until the end of December 2015, and (2) ITAT assessments, to determine the kind of assistance DHOs required in order to fully undertake their monitoring and supervisory responsibilities at health centers.

The *puskesmas* assessments, which were conducted via focus group discussions (FGDs) with health center staff at each of Kinerja's 12 partner health centers (three per district), resulted in a variety of issues being forwarded by participants. Overall, the issues that were most frequently cited were the need to revise SOPs, and a lack of knowledge among *puskesmas* staff about MSS.

At Puskesmas Mapurujaya in Mimika, for instance, Kinerja was told that the only people with any understanding of health MSS were officials at the district level who had attended Kinerja trainings in the past, but had not passed on that knowledge to *puskesmas* staff on the ground. Meanwhile, staff at Puskesmas Abepantai in Kota Jayapura acknowledged that most health workers regarded SOPs as an internal mechanism and therefore failed to understand their intended purpose, namely to improve the delivery of health-care services for patients.

Kinerja followed up in Kota Jayapura by conducting a four-day workshop in November 2015 for staff from the three *puskesmas* to provide them with new material on MSS and SOPs, review service SOPs and address challenges in implementation. By the end of the workshop, dedicated SOP teams were formed at each of the *puskesmas* to finalize existing draft SOPs – ready to be signed by the *puskesmas* heads - and to amend and/or develop new SOPs in the future.

Kinerja held a similar workshop in Jayapura, where the focus was to review SOPs that had been drafted a year before and to finalize a DHO head decree governing their implementation.

[5] Although Kinerja's original plan was to limit its engagement in Mimika to demand-side interventions, a meeting between Kinerja's PSD and Field Oversight Advisor and Mimika's DHO secretary and Bappeda head in December 2015 resulted in the program agreeing to provide limited support during the CE to supply-side stakeholders in the district's health sector on a request basis.

Representatives from six *puskesmas* attended the workshop, as did the DHO head, allowing for amendments to be made to the decree – including a clause for the formation of SOP teams.

Input from the *puskesmas* assessments in Jayawijaya and Mimika was forwarded to the DHOs for follow-up by their respective ITATs.

The ITAT assessments, meanwhile, were conducted as planned in all four districts in October 2015, and the results disseminated the following month at a provincial-level event that was facilitated by Kinerja. Those present at the dissemination event included PHO officials, representatives from all four DHOs, officials from Papua's provincial health-sector training center, Balatkes (*Balai Latihan Tenaga Kesehatan*), community leaders and development organizations.

Key among the assessment findings was the differences between the four ITATs in terms of their capacity and methods in undertaking their monitoring tasks. The assessments revealed that each ITAT employed a different method when monitoring *puskesmas* and each used different monitoring tools – except in Kota Jayapura, where internal DHO discussions to decide which set of tools to use had never been resolved. Among the remaining three DHOs that did use monitoring tools, only the ITAT in Jayapura confirmed that all its members understood the tools and how to use them.

When comparing the ITATs, the team in Jayapura was judged the strongest in terms of structure (the DHO head, as well as the heads of different sectors, were members) and activity, as the ITAT was already providing technical assistance at six priority *puskesmas* in the district and holding regular meetings outside the *puskesmas* to allow members of the local community to participate in discussions and help resolve issues.

The assessment results provided the foundation for two elements of the assistance that Kinerja then went on to provide to the PHO during the year:

(1) The development of technical and operational guidelines for DHO ITATs, to ensure that the technical assistance they provided to *puskesmas* in addition to their regular monitoring and supervisory tasks were conducted in accordance with specific procedures and standards.

(2) The amendment of an existing Performance Management and Leadership (PML) module, to build the skills and capacity of DHO heads to enable them to deliver improved health services.

Originally developed by Kinerja Papua's former partner, the Center for Health Management and Policy (*Pusat Kebijakan dan Manajemen Kesehatan* – PKMK) at Gadjah Mada University's Faculty of Medicine in Yogyakarta, the PHO and Balatkes requested that the PML module be amended to include additional material on health-sector issues pertinent to Papua as well as simulations covering aspects such as conflict management and effective managerial and communication techniques.

Details of the development of the guidelines and the PML module, and the assistance provided by the program to the health ITATs to fulfill their tasks, are provided in Section 4.2 of this report.

2.1.2 Transitioning out of Gender-Based Violence (GBV)

In accordance with the program's CE work plan, Kinerja staff conducted workshops and meetings in Kota Jayapura and Mimika during October-December 2015 to (1) institutionalize

each district's five-year Regional Action Plan for the Prevention and Management of Violence against Women and Children (*Rencana Aksi Daerah Pencegahan dan Penanganan Kekerasan terhadap Perempuan dan Anak* – RAD KtPA), and (2) to build capacity among staff at one of Kinerja's former partner health centers, Puskesmas Tanjung Ria, in Kota Jayapura to transform it into a Center of Excellence for the handling and management of GBV cases.

With program support, both Kota Jayapura and Mimika had developed and finalized RAD KtPA before the current CE began and the emphasis as part of Kinerja's transitioning out of its work on GBV was to sufficiently strengthen both the action plans and relevant stakeholders to ensure sustainable implementation going forward. To this end, Kinerja held workshops in October and November 2015 for members of each district's Women's Empowerment, Child Protection and Family Planning Agency (*Badan Pemberdayaan Perempuan, Perlindungan Anak dan Keluarga Berencana* – BP3AKB) together with DHO, DEO, Bappeda officials and MSFs, media professionals and CJs to review their respective RAD KtPA, determine elements that had already been implemented and develop activity matrices and media advocacy initiatives to cover each plan's five-year term.

With a view to securing a strong legal basis for the two action plans and LG funding, Kinerja also assisted its district partners to draft and finalize a mayoral decree (*perwal*) in Kota Jayapura and a *perbup* in Mimika, which were submitted to their respective LG Legal Offices for formal approval and signing in December 2015. Follow-up was swift in Kota Jayapura, with the *perwal* signed and issued that same month, but in Mimika there was no further progress after the draft *perbup* was submitted. Nevertheless, the head of Bappeda had previously signed Mimika's RAD KtPA in June 2015 and provided funding of IDR 21 billion (USD 1.6 million) from its 2016 budget, which allowed the BP3AKB to build the capacity of the district's newly-established Integrated Services for the Protection of Women and Children Program (P2TP2A) team and to establish a safe house in Kota Timika for child victims of violence.

With regard to transforming Puskesmas Tanjung Ria into a Center of Excellence for handling and managing domestic violence cases, Kinerja fulfilled its annual work plan (AWP) target for the transition period by conducting a refresher training for *puskesmas* staff on the main issues surrounding domestic violence and how to handle such cases, plus an intensive training for Tanjung Ria's new 12-member coaching team on how to treat victims of violence in line with existing SOPs. Kinerja also provided follow-up mentoring to the coaching team to review key procedures when dealing with GBV cases to ensure Tanjung Ria's readiness to act as a leader in the field.

Having completed its transition agenda, Kinerja planned solely to provide regular mentoring to Puskesmas Tanjung Ria for the remainder of the CE and monitor progress at the facility. In April 2016, however, USAID informed Kinerja that it wanted the program to continue to provide technical assistance to its GBV partners in Kota Jayapura and Mimika with leftover funding that had previously been allocated to Kinerja's core program. As a consequence, Kinerja proceeded to organize and conduct additional trainings and workshops between May and September 2016, for both supply- and demand-side stakeholders, to further consolidate the progress made and to reinforce the sustainability of local efforts in addressing and combating violence against women and children. Details of these activities are presented in Section 4.2 of this report.

2.2 Preparation for Education

A key element in Kinerja's planned extension was the launch of an intervention in Papua's education sector, with the introduction of the program's public service-oriented SBM at

elementary schools in three target districts (Jayapura, Jayawijaya and Kota Jayapura). The preparatory work had begun ahead of the CE, in July-September 2015, when Kinerja and USAID's Education Office conducted needs assessments in the three districts. The program also held initial discussions at the provincial level and collaborated closely with each of the target district's DEO to amend existing LOIs and develop scopes of work (SOWs) to provide a framework for implementation.

With the LOIs in place, Kinerja formally launched the program expansion in November 2015 for district and provincial stakeholders as well as other development partners in the region. They expressed their collective support and enthusiasm for the program's overall aims and objectives; albeit with a few voicing concerns about how much could be achieved during the limited 15-month implementation period.

2.2.1 Selecting target schools for SBM

In October 2015, Kinerja in conjunction with its IO for education, the Institute for Community Development and Empowerment (*Institut Pengembangan dan Pemberdayaan Masyarakat* – IPPM) and senior DEO officials, began the task of selecting 27 partner schools (nine in each district) that met the following criteria:

1. Schools with a strong commitment to the SBM program;
2. Schools located relatively close to their DEOs;
3. Schools from both rural and semi-urban areas, and
4. Schools that had been targeted for other interventions by programs such as USAID-Prioritas, the United Nations Children's Fund (UNICEF) and World Vision Indonesia (WVI).

With the selection process completed, Kinerja program staff and IPPM conducted a baseline study to assess each school's performance in three areas: (1) school planning and budgeting; (2) reporting and publishing school activities and financial information, and (3) complaint handling. The study team also assessed existing school committees based on three elements: (1) functionality (committee structure and legal recognition); (2) engagement (complaint handling and school planning/reporting), and (3) sustainability (short- and mid-term work plans). The schools and their respective committees were each awarded scores of between 1 (low performance) and 4 (high performance) based on the information provided for each of the above categories.

The study found that 24 of the 27 schools had some way to go to achieve full accountability and transparency vis-à-vis planning and budgeting,[6] although most schools did allow for community participation (albeit to varying degrees) in preparing school plans and budgets. Similarly, the study concluded that the same 24 schools had underperforming committees, due to limited membership and a lack of the requisite legal regulations that outline and govern their roles and responsibilities.

After compiling the scores awarded to each school and committee, the nine schools in Jayapura averaged 1.8, while those in Jayawijaya averaged 1.1, and those in Kota Jayapura averaged 1.25. The lower overall score for the schools in Jayawijaya was unsurprising, given the relative lack of development in the district compared to Jayapura and Kota Jayapura; however, the lower average score of 1.25 for the schools in Kota Jayapura was unanticipated, although it

[6] Only SD Inpres Abeale 1, SD Inpres Komba and SD YPK Ayapo – all in Jayapura – already published their planning and budgeting information.

reflected the DEO's wishes during the school-selection process that Kinerja should concentrate its efforts on schools in greater need of assistance.

Therefore, in order to produce a more representative picture of the realities on the ground, Kinerja and the DEO chose an additional three schools (SD Negeri Bertingkat Waena, SD Negeri Inpres 6.88 Yabansai and SD Negeri 1 Hamadi) in Kota Jayapura that were considered more progressive.[7] Overall, the three schools performed well in the performance-related categories, although two of them did not score so well for their committees. Nevertheless, when the three schools' combined overall score of 2.5 was added to the 1.25 average for Kota Jayapura's original nine schools, they boosted the district's overall rating to around 1.9.

Kinerja had originally intended that the above preparation phase would be completed by the end of December 2015, but the school selection process alone took up the October-December 2015 period due to the need to conduct follow-up assessments at several schools to ensure that local communities were sufficiently committed to supporting the SBM intervention. This resulted in the baseline study of the original 27 schools only being completed in February 2016,[8] causing an immediate delay to program implementation.

This situation was further compounded by the time taken to secure IPPM's grant, which resulted in the organization only receiving its induction at the beginning of March 2016 and spending much of the remainder of that month meeting with LG partners, and establishing relations with newly-installed DEO heads following a province-wide rotation of DEO staff.

With implementation effectively delayed by a quarter, Kinerja and IPPM undertook an intensive schedule of activities with supply- and demand-side stakeholders between April and September 2016, in an attempt to make up for the time lost and ensure the completion of each component contained within the program's SBM package. Details of these efforts are provided in Sections 4.4 and 5.1.2, respectively.

3. Strengthening the Enabling Environment

Kinerja aims to strengthen policy-making at the provincial and district levels, to include policies, regulations and tools that support good governance and a process of continual improvements in services. An enabling environment with strong and appropriate policies and regulations in place is the foundation on which LGs rely to guide program implementation as well as to authorize and instruct government officials to act.

Strong policies and regulations also provide standards and consistency that apply to all LGs, and continuity regardless of changes in staff or leadership. Kinerja's plans to strengthen the enabling environment include working with the State Administrative Bureau (*Lembaga Administrasi Nasional* - LAN) to produce a good governance-based curriculum for civil servants, encouraging district government partners to adopt Kinerja's good practices, and supporting the provincial government to shape policy and capacity-development measures relating to planning and spending for health and education. The program also supports district health and education offices to produce good governance-related policies and guidelines covering areas such as MSS, complaint-handling mechanisms and MSFs.

[7] See Annex A-3 for a complete list of all 30 elementary schools.

[8] The three additional schools in Kota Jayapura were chosen in March 2016 and a baseline study conducted in April 2016.

3.1 National-Level Cooperation

3.1.1 LAN

Kinerja first began to work with LAN, which encompasses Indonesia's national training center for government staff, in FY 2014 to help the bureau revise its curriculum and training guidelines. LAN was keen to alter its overall training strategy from a simple recitation of rules and regulations to Kinerja's more practical approach in order to enable LG staff to improve public services. To achieve this, the plan was to incorporate case studies from Kinerja's former treatment districts from its core program, introduce aspects of a more competency-based curriculum, and develop different training packages to meet the needs of government staff at all levels, from senior policy makers down to frontline service providers.

The first step was to help LAN to amend its Head of the State Administrative Bureau Regulation (PerKa LAN) No. 10/2011 on Guidelines for the Implementation of Public Service Training, which outlines LAN's curriculum. A final draft of the revised regulation, PerKa LAN No. 28/2015, was completed in March 2015 but it was only signed by the head of LAN at the end of September 2015. The closure of Kinerja's core program at the same time prevented the program from providing a TOT for LAN's provincial- and national-level Master Trainers in the new curriculum, as originally planned. With confirmation of Kinerja Papua's extension through to March 2017, however, LAN and the program jointly agreed to make Papua the pilot province for the first trainings.

Following a series of meetings with LAN in October and November 2015 to discuss the shape of the new training package, Kinerja Papua's Chief of Party (COP) and PSD and Field Oversight Advisor met with both the former and current heads of LAN in December 2015 and agreed that Kinerja would revise several of its own technical modules, to include topics such as MSS, service SOPs, complaint-handling mechanisms and civil society engagement, and adapt them for the Papua context. Both parties also agreed to develop a new module on leadership and change management.

Papua's Bappeda office and Education and Training Agency (*Badan Pendidikan dan Latihan* – Badan Diklat) welcomed the fact that Papua would be the pilot province for LAN's new curriculum, explaining that there was a great need to improve the competence of government officials, at both provincial and district levels. The head of Bappeda's data collection department also confirmed that all costs for the training program would be covered by Papua's Otsus funding and annual government budgets.

A draft of the new Public Service Training curriculum – comprising a seven-chapter module for policy makers and an eight-chapter module for frontline staff – was completed in March 2016. Work continued to refine the material to make it appropriate for government staff working in Papua and the final draft was presented to the head of Badan Diklat, together with all of the agency's division heads and Master Trainers, in June 2016. They responded enthusiastically to the practical training methods contained within both modules, as well as the inclusion of case studies and examples of good practices based on Kinerja's previous work with government and civil society partners.

After adding a few more Papua-based case studies to the module for frontline staff, Kinerja conducted a TOT in July 2016 for Badan Diklat's Master Trainers and representatives from other provincial and district government offices, including the BP3AKB, Regional Disaster Management Agency (BPBD) and Village Communities Empowerment Agency (BPMK). The three-day workshop introduced the participants to all the material included in the two Public

Service Training modules, with an emphasis throughout on the importance of good-quality public services, the need to improve the governance of service delivery, and the role that local communities and service users can play in improving public services.

In feedback gathered at the end of the training, the Master Trainers expressed their appreciation for the new modules and praised Kinerja for the clarity with which the material was presented, enabling them to deliver future trainings comprehensively and with a good understanding of the various elements involved.

With the completion of this TOT, Kinerja achieved its work plan target under Intermediate Result 1.1 of the AWP's Results Framework: "LAN finalizes Papua contextualized modules on PSD training in their curriculum." However, the program went beyond this achievement by assisting Badan Diklat to amend the frontline module slightly and conduct the first official Public Service Training for subdistrict heads, school principals and *puskesmas* heads from three of Kinerja's target districts (Jayapura, Jayawijaya and Kota Jayapura) in September 2016.[9]

The five-day training, which was also attended by representatives from village administrations and provincial and district Bappeda offices, was a great success with all those present actively engaging in discussions and practical sessions on SOPs, the role of CJs, media and local communities in improving public services, complaint surveys, MSS and governance-related policy-making.[10] In their feedback, the participants said they had been inspired by Kinerja's good practices and expressed their hope that the same training would be offered to other subdistrict, village and service-delivery unit (SDU) heads, both in their own districts and elsewhere in Papua.

Within days of this training ending, the head of Badan Diklat responded to the feedback by confirming that he would allocate around IDR 1.5 billion (USD 115 million) from the agency's 2017 budget to train other subdistrict frontline staff from Jayapura, Jayawijaya and Kota Jayapura plus Merauke, Mimika and Tolikara. In Kinerja Papua's remaining weeks of operational programming, program staff will assist Badan Diklat to incorporate minor amendments into the module ahead of the future trainings.

It should be noted that although Badan Diklat's foucs in the short term is to conduct trainings for frontline officials, it remains committed to delivering trainings of the second module for senior government staff and policy makers later on. Recent budget cuts imposed by the national government have forced the training agency to concentrate on one module for now.[11]

3.1.2 Cooperation with UNICEF

The seeds of Kinerja's collaboration with UNICEF were sown in late 2014 when Kinerja first began to consider withdrawing from providing direct intervention to *puskesmas* in order to focus its efforts at the district level, creating a need to coordinate to ensure that the evidence-

[9] Although the Public Service Training modules were developed with district-level staff in mind, the head of Badan Diklat is keen to concentrate initially on training subdistrict staff, maintaining that there is a greater need to improve financial management and good governance among these officials due to the substantial amount of funding that subdistricts and villages receive from the national government.

[10] The training was also covered by the local newspaper, *Cenderawasih Pos*, on September 20, 2016, with the title: *USAID Kinerja Gelar Uji Coba Modul Pelayanan Publik* (USAID Kinerja Tests Public Service Module).

[11] A second round of budget cuts to ease the country's budget deficit was announced by the national government in August 2016. The government plans to cut state spending by IDR 137 trillion (USD 10.3 billion) due to an IDR 219 trillion revenue shortfall. Media outlets at the time reported that regional transfers and village funding worth IDR 72.9 trillion are expected to be delayed until 2017 (see this September 1, 2016 article in The Jakarta Post for details).

based planning (EBP) tools supported by UNICEF and Kinerja's MSS-costing tools did not conflict.

Following USAID's announcement in April 2015 that it intended to extend Kinerja's Papua program, program staff resumed discussions with UNICEF to establish closer ties and cooperation to develop a single, more substantial approach on district planning and budgeting by merging Kinerja's MSS-costing tools with UNICEF's EBP tools.[12] UNICEF welcomed the idea and both parties met in July 2015 to establish a timetable of technical meetings and a logical framework to formally integrate the two sets of planning and budgeting tools and create a combined EBP-MSS module.

Joint efforts to develop the new module began in October 2015 in conjunction with PKMK UGM, which had previously helped UNICEF to develop the EBP tools. With a draft completed in November 2015, Kinerja and UNICEF presented each of the module's nine sections to members of the PHO's Provincial Health Facilitation Team (PHFT), who plan to use the module to train DHO staff across Papua to apply the EBP-MSS approach when developing their annual work plans and budgets.

The PHFT was very pleased with the new module and provided valuable suggestions on ways it could be further improved. Kinerja and UNICEF utilized this input - which included adding supporting documents and concrete examples to each of the module's sections, and providing an introduction to each section to link back to the previous one - and finalized the module in December 2015.

At this point, ongoing development was delayed by nearly three months as UNICEF and PKMK secured an extension to their working agreement but in March 2016, Kinerja, UNICEF and PKMK held a refresher workshop for the PHFT and provincial Bappeda officials to deepen their knowledge about the EBP-MSS approach and to perfect the module before putting it into practice with Kinerja's DHO partners in Jayapura.[13]

A number of follow-ups were also agreed upon at the refresher workshop to lay the groundwork for the PHFT to start using the module. One of these was to amend an existing Gubernatorial Decree on Evidence-Based Planning, to (1) shift its focus from the achievement of the now-outdated Millennium Development Goals (MDGs) to EBP and MSS in the health sector so as to accelerate the achievement of health-related MSS targets, and (2) provide for the formation of a dedicated EBP-MSS team within the PHFT to train and coordinate with DHOs to achieve their district MSS targets.

The amendments were drafted and members for the new EBP-MSS team identified by the end of June 2016,[14] at which point Kinerja and UNICEF provided a second refresher training for the PHFT. In addition to enhancing their knowledge about all the material contained within the module, the four-day workshop allowed the facilitation team members to draw upon the results

[12] Health-sector MSS include LG minimum targets and indicators as laid out in Ministry of Health (MOH) Regulation 741/2008. By adding the EBP component, problems or gaps in planning and/or budgeting can be analyzed more distinctly through bottleneck analysis, resulting in the chance to accelerate the achievement of MSS based on performance.

[13] Details of this and other district EBP-MSS workshops conducted by Kinerja from April through September 2016, and the progress made by DHOs toward finalizing their MSS-based work plans and budgets for 2017, are provided in Section 4.1 of this report.

[14] The amended gubernatorial decree was still awaiting signature as of the end of September 2016.

from three district-level EBP-MSS workshops that had taken place by then to improve their understanding of the module's overall approach when applied in the field.

Given the program's new district-level focus, Kinerja was keen to ensure that the interests of *puskesmas* were met and SDU-level MSS fulfilled. Therefore, in addition to the efforts described above, Kinerja and UNICEF also collaborated during FY 2016 to develop and test a framework to align and synchronize health center planning with DHO planning and budgeting.

Taking MOH's existing *puskesmas*-planning protocol as a foundation, Kinerja and UNICEF worked to incorporate the latter's Integrated Micro-Planning (IMP) tools to produce a new 12-stage planning process, culminating with the integration of *puskesmas* Proposed Activity Plans (*Rencana Usulan Kegiatan* – RUK) into DHO work plans and budgets. Drawing on Kinerja's governance approach and work with demand-side stakeholders, the two parties also ensured that the new planning protocol would provide for substantial community feedback at each stage of the process.

After initial joint discussions at the start of FY 2016, Kinerja's Senior Health Specialist attended a UNICEF-led review of IMP implementation in Manokwari, West Papua, in November 2015. In addition to providing useful input for the development of the new Integrated Puskesmas Planning (IPP) mechanism, the review highlighted the need to simplify UNICEF's IMP tools before being incorporated into the existing ministerial protocol.

Thereafter, Kinerja and UNICEF undertook an intensive schedule of meetings during January-February 2016 to develop and finalize a training curriculum comprising the new IMP module and MOH's *puskesmas*-planning module. Work was completed on a number of different issues during the meetings, including improving the IMP tools and integrating them into the format used for *puskesmas* planning, conducting a test-run of the finalized tools with *puskesmas* data, and improving the menu of *puskesmas* activities (which are grouped under headings such as Health Promotion, Prevention and Disease Control and Neonatal and Baby Health Care).

Kinerja then facilitated a series of three-day workshops in February and March 2016 to test the new IPP curriculum with DHO and *puskesmas* staff in three districts (Jayapura, Kota Jayapura and Jayawijaya).[15] The workshops also provided "on-the-job training" for members of the PHFT, which will take the lead in training DHO ITATs and *puskesmas* to use the new mechanism for *puskesmas* planning in the future.

Drawing on feedback gathered during this first round of workshops, Kinerja, UNICEF and the PHFT met in April 2016 to evaluate the clarity and effectiveness of the new tools for developing *puskesmas* RUK. As a result of the evaluation, a few of the tools were amended to make them more user-friendly. At subsequent meetings, the three parties added to the IPP training module by creating lists of frequently-asked questions (FAQs), relating to each topic covered in IPP workshops, to assist workshop facilitators when guiding group discussions with participants.

In May 2016, Kinerja and UNICEF conducted the final stage in the development of the IPP module in conjunction with 16 members of the PHFT. After reviewing and confirming the changes made to the IPP tools, those present ran a simulation to put the tools into practice using available health-sector data. It was also agreed that UNICEF would conduct a follow-up TOT

[15] According to Kinerja Papua's Intermediate Result 2.3 in the program's AWP, Jayapura was the single target district for testing the new IPP process and framework. The implementation of the mechanism in Jayawijaya and Kota Jayapura is recorded as additional achievements. Details of all the IPP workshops through to September 2016, and the progress made in each district, are provided in Section 4.3 of this report.

for PHFT members, to enable them to execute the PHO's plan to replicate the new IPP module to five districts in Papua's *Gerbangmas Hasrat* region this year.[16]

3.1.3 National-Level Knowledge Exchange

Recognizing the importance of maintaining good working relationships at the national level, Kinerja staff undertook a series of meetings during FY 2016 with relevant technical ministries, both to provide information on the program's work and achievements in Papua and to obtain input to inform and further develop these efforts.

In January 2016, Kinerja's Service Standard Specialist met with several ministries to provide information and progress updates as well as to seek input on several of the program's provincial- and district-level activities. During the course of three days, Kinerja met with the National Development Planning Agency (Bappenas) and the Ministry of Home Affairs (MOHA) regarding the development of Otsus guidelines for health and education; the Ministry of Education and Culture (MOEC) regarding the development of the PEO's Strategic Plan (*Rencana Strategis* - Renstra); and with representatives from the Asian Development Bank's (ADB) Analytical and Capacity Development Partnership (ACDP) program regarding the launch of Kinerja's work on MSS in basic education.

Later that month, Kinerja and USAID met with Yohana Yembise, the Minister for Women's Empowerment and Child Protection, and two deputy ministers to update them on Kinerja's progress and achievements in addressing GBV in Papua since the previous meeting with the ministry in May 2015. Kinerja explored the possibility of creating closer working ties with the ministry, both to support the minister's focus on GBV as well as to improve the services provided to survivors of violence in Mimika and to build the capacity of the district's recently-established P2TP2A team to become a Center of Excellence in the provision of GBV-related counseling. During the meeting, Kinerja also presented the minister with its newly-documented good practice on the handling of GBV cases in Kota Jayapura.

As a result of this meeting, Kinerja hosted a visit to Mimika by one of the deputy ministers and two other officials from the ministry, to see first-hand some of the work being undertaken to combat GBV in the district. They were especially impressed with the commitment shown by members of the P2TP2A, who explained that incidents of domestic violence (and/or the reporting of such incidents) were rising in Mimika. When USAID, in April 2016, requested Kinerja to continue its GBV work during the CE, the program consulted with the ministry and devised a series of capacity-building and awareness-raising activities in both Kota Jayapura and Mimika to support the ministry's aims and objectives. (See Section 4.2 of this report for details of these activities).

Kinerja and USAID also attended two meetings with Bappenas in late January 2016: one with the Director of State Apparatus, Raden Siliwanti and the other with the Director of Communications and Politics, Wariki Sutikno. At the first meeting, *Ibu* Siliwanti explained that she was heading up Bappenas' Papua Working Group, which has been appointed by President Joko Widodo to lead coordination among national-level technical ministries to accelerate development in Papua and West Papua provinces. *Ibu* Siliwanti was enthusiastic about Kinerja's work in health and education, and confirmed that Bappenas would start

[16] The TOT was not delivered by the end of September 2016, but has been postponed to the next quarter. This delay, together with the substantial budget cuts referred to in the previous section, casts some doubt over the PHO's timeframe for replication.

working with the Papua provincial government (PG) this year to conduct trials in six districts to highlight successful programs in both sectors.

At the second meeting, *Pak* Wakiri expressed Bappenas' support for USAID-Kinerja's extension in Papua, acknowledging that despite significant amounts of funding being pumped into the province, little had been achieved in terms of development performance, in either health or education. He welcomed the fact, therefore, that one of Kinerja's priorities during the extension was to produce guidelines to assist the PG to better manage Papua's Otsus funds in both sectors.

The issue of Otsus-fund management became the subject of further meetings with national partners in April 2016, when Kinerja consulted with three ministries (Bappenas, MOH and MOHA) to discuss the outline of a study led by RTI consultant, Gabriel Ferrazzi, which aimed to identify ways to improve the management of Papua's Otsus funding in the health sector.[17] Bappenas' *Ibu* Siliwanti commented on the gaps between planning, budgeting and implementation in relation to the use of Otsus funds, but also acknowledged the historic lack of oversight from the national government. At MOH, the ministry's head of Programs and Planning explained that the ministry's Strategic Plan includes Papua under the plan's "remote districts" grouping as opposed to having specific indicators or targets for the province. At MOHA, the Head of the Regional Finance Administration Bureau (BAKD) said that an existing Regional Autonomy Regulation (*perdasus*), No. 25/ 2013, regulates Otsus funds by providing guidelines and funding ceilings for each sector, but that these guidelines are rarely adhered to by LGs in Papua.

Notwithstanding some of the shortcomings at the national level in terms of oversight and strategy, each of the officials agreed upon the need for better strategic planning as well as improved local leadership and management skills among LG staff in Papua. They also expressed their hope that the new Otsus guidelines being prepared with Kinerja's support would assist in overcoming these issues. The feedback and information obtained during these three meetings contributed to the study's overall results, which are provided in Section 3.2.1 of this report.

With regard to the program's district-level work in Papua's health and education sectors, Kinerja also ensured that it followed up with MOH and MOEC after meeting with both ministries prior to the closure of Kinerja's core program in 2015.

In February 2016, Kinerja met with senior officials at MOH's newly-formed Directorate General for Primary Health Care (PHC), which is now headed by Gita Maya, the former head of MCH at the ministry. The meeting was very productive, and gave those present the opportunity to share updates about Kinerja's ongoing progress in Papua and the PHC's aims and targets in 2016. The PHC directorate and Kinerja agreed to work together to improve draft guidelines for *puskesmas* mentoring, while Kinerja made a commitment to try to assist the directorate with its *puskesmas* accreditation targets for 2016, as outlined by President Widodo.[18]

[17] The study's preliminary findings were presented to the ministries in May 2016.

[18] Kinerja staff followed up on both these issues during FY 2016. Details of activities undertaken and progress made are provided in Section 4.2 of this report.

Meanwhile in April 2016, Kinerja met with Ilza Mayuni, the head of MOEC's Center for Policy Analysis and Synchronization, and James Modow, former head of Papua's PEO who is now the ministry's Special Staff for Regional and Central Relations. The meeting aimed to mainstream the lessons learned and recommendations that Kinerja had compiled in the policy paper it submitted to the ministry in 2015 (*Public Services in the Education Sector: Governance in PTD, BOSP & SBM*) and to update MOEC on its SBM intervention in Papua. MOEC welcomed the news about the introduction of SBM in Papua and mentioned that the ministry planned to issue a Strategic Plan and legislation to promote community participation to help improve education services across the country. Recognizing Kinerja as a leading advocate and practitioner of this approach, *Ibu* Ilza invited Kinerja to present its good practices and lessons learned based on implementing SBM, Educational Unit Operational Cost Analysis (BOSP) and proportional teacher distribution (PTD) in Aceh, East Java, South Sulawesi and West Kalimantan.

A number of issues were discussed after Kinerja's presentation, including how to address unequal distribution of teachers and high absenteeism rates; calculating BOSP unit costs and managing budgets at both DEOs and schools; the varying levels of fiscal capacity in different regions in relation to education budgets and educational outcomes; how to establish good collaboration between schools and parents; and school planning and budgeting. In conclusion, Kinerja provided the ministry with copies of its five documented good practices in education and four technical modules, as well as copies of the district legislation that LGs in Kinerja's former core treatment districts had issued to support the program's three education packages.

Text Box 1: USAID, Bappenas & MOHA visit Kinerja work areas in Papua

Kinerja welcomed USAID's new head of the Democracy, Rights and Governance (DRG) Officeto Papua in September 2016, together with senior national government officials including Bappenas' Director of Communications and Politicsand MOHA's Sub-directorate Head for Papuan and West Papuan Special Autonomy.

Keen to learn first-hand about Kinerja's work in health and education, the group visited SD Inpres Minimo and Puskesmas Hom-Hom in Jayawijaya, and SD YPK Amai, SD Inpres Depapre and Puskesmas Depapre in Jayapura.

At each of the venues, Kinerja's partners reinforced the program's governance approach by citing positive changes that had come about as a result of community participation in wider LG efforts to improve both the delivery of public services and the quality of the services themselves. For instance, Alpius Lupia, a senior DEO official in Jayawijaya, highlighted how community members had helped to obtain additional land for their local school via its newly-expanded school committee: "With the cooperation of local people, we can achieve a great deal."

Jayapura District Head echoed this sentiment, explaining that previously the LG did not know how to properly connect with local communities but now, with Kinerja's support, they have established a strong partnership with the district's MSF and DEC to work together to improve services in health and education.

Bappenas' Director of Communications and Politics said, as quoted in *Antara Papua*, that he was "happy to see the changes resulting from Kinerja's program [in Papua]. The national government is paying close attention to development here," he added. "This is just one small example of the government's innovation, through our cooperation with USAID."

MOHA's Sub-directorate Head for Papuan and West Papuan Special Autonomy, meanwhile, recommended that other districts in Papua also adopt Kinerja's approach to improve the quality of education services. "If this USAID program is beneficial for the community, we at MOHA encourage all districts […] to adopt this approach using their APBD [annual budgets]," he said, as quoted by the *Cenderawasih Pos*.

During their time in Papua, USAID and the ministry representatives also attended a Kinerja-run training on GBV for religious leaders from all four target districts, and met with staff from USAID's new GBV program for Eastern Indonesia, BERSAMA, to explore how Kinerja's work to combat GBV can be sustained in the province in the future.

In addition to the meetings outlined above, Kinerja and USAID held several meetings with Bappenas and MOHA between January and June 2016 in order to secure an extension to the working agreement between USAID and Bappenas, which was due to expire in September

2016. After meeting with a number of senior officials from each institution's special autonomy and regional development divisions, all of whom were receptive to Kinerja's work and pledged their support for the program, Kinerja received confirmation on June 30, 2016 that Bappenas had signed the agreement extension, which goes through to the end of September 2017. These meetings also led to Kinerja hosting a field trip for USAID and officials from the two ministries to visit the program's working sites in Jayapura and Jayawijaya, as described in Text Box 1 above.

With the new working agreement in place, Kinerja and USAID followed up with Bappenas' Director of Regional Autonomyin August 2016 to provide him with more in-depth information about the Kinerja program and its achievements – both from the implementation of its core program as well as current efforts in Papua. Keen to see Kinerja's Papua program further extended to September 2017, *the Director* also raised several potential focus areas for future collaboration. However, in October 2016, USAID confirmed that the program would be closing in March 2017, in line with the program's AWP timeframe.

During one of Kinerja's meetings with MOHA regarding the agreement extension, the ministry's Director General for Regional Autonomyoffered to organize a special forum to allow Kinerja to share its good practices and lessons learned, and discuss possibilities for wider replication within the frame of a national program. After further informal discussions between MOHA and Kinerja, the forum was originally planned to take place in August 2016 but due to conflicting work schedules, it was postponed until October 2016.

3.2 Provincial- and District-Level Cooperation

3.2.1 Improving Otsus Fund Management

One of the main aspects in Kinerja's work at the provincial level during FY 2016 was to assist the PG to improve the allocation and management of Papua's Otsus funds, which the province has received annually from the national government for the past 15 years, since gaining Special Autonomy status. Otsus funds constitute a major source of financial support to implement activities to improve governance at district and SDU levels. Eighty percent of the total funding[19] (which for 2016 amounts to IDR 5.4 trillion or approximately USD 400 million) is distributed by the PG among Papua's 29 districts, with 30 percent going to education and 15 percent to health. Despite these substantial funding flows, Papua remains one of Indonesia's least-developed provinces due in large part to a widespread lack of fiscal management capacity in terms of planning, budgeting, monitoring and reporting.[20]

A study conducted by an RTI Consultant in April 2016 revealed, however, that the problems surrounding Otsus funding go far beyond a lack of capacity in fiscal management. Responding to a request by the PHO, the study sought to map existing control mechanisms relating to Otsus funding at provincial and district levels (using Jayapura as an example district), and then identify the gaps between the practical application of these oversight and control mechanisms and prevailing legislation governing their implementation, as well as common procedures and SOPs.

Kinerja facilitated this study, which revealed a number of key issues that contributed to five preliminary conclusions:

[19] The remaining 20 percent of overall funding is earmarked for spending at the provincial level.

[20] Data from Indonesia's Central Statistics Agency (*Badan Pusat Statistik* – BPS) shows that in 2015, Papua remained at the bottom of the Human Development Index (HDI) out of the country's 34 provinces.

- Performance in Papua is generally poor and reflects weaknesses in public financial management (PFM) nationally;
- The PFM system (including the weight of Otsus fund procedures) is too complex considering the capacity of local administrations in Papua;
- PFM requirements are fulfilled in a superficial and mechanistic way;
- Funding allocations are made based on unclear criteria; any relation to political pledges, MSS and other targets is less visible;
- Otsus funding tends to become the focus of special autonomy discourse, resulting in important issues for fixing the PFM system (authority, local structuring, financing, PFM framework) receiving less attention.

After presenting and discussing these findings with provincial and national government partners in April and May 2016, the study team developed a list of short- and long-term recommendations (see Text Box 2 below).

Kinerja is considering disseminating the full report to national partners once it is approved by USAID.

With regard to Kinerja's objective, as laid out in its CE Results Framework, to "support the PHO/PEO to develop technical guidelines to manage and monitor Otsus funds", the program concentrated its efforts on assisting the PHO and PEO to address the first stage in the fund-management process – planning. To this end, Kinerja worked with its PG partners during FY 2016 to create technical guidelines to govern Otsus funding in health and education, respectively.

Text Box 2: RTI Otsus study recommendations

Short-term Recommendations

- Ministries (especially MOHA and Bappenas) should intensify their support of Papuan regional governments, with a focus on the PG to enable this level to provide leadership and guidance to district governments and other development stakeholders;
- The national government (Finance and Health Ministries) should provide support and incentives to the PG to define priority MSS for Papua;
- Design all new national structures in Papua that aim to coordinate and accelerate development in collaboration with Papuans, and consider the option of placing central level staff/units under the Governor as the representative of the central government.

Long-term Recommendations

- A wealth fund for Papua's future should be considered, to allow for the postponement of some Otsus fund expenditures until Papuan capacity can better absorb the funds;
- Attention should be paid to all other funding sources and synergized with Otsus funds;
- Greater attention should be paid to good governance at the village level, and the relationship between Otsus funds and other funds at this level;
- Rather than continuing to add more civil servants, LGs should increase their use of third parties (contracted NGOs/churches/private sector) to improve service delivery in the health sector;
- Those who support the reform of Papua's financial management systems should form a forum to discuss whether it is better for Otsus funds to be integrated with or handled more separately from other LG funding sources;
- Papuan politicians should promote an Otsus Plus dialogue in Papua and West Papua, down to the grassroots level, before undertaking negotiations with the national level.

The guidelines are intended to support PHO/PEO Otsus teams to evaluate district-level Proposed Definitive Plans (*Usulan Rencana Definitif* – URD), which comprise each district health and education office's work plan and budget, containing all proposed Otsus-funded activities as agreed upon and finalized by district technical working units (*Satuan Kerja Perangkat Daerah* – SKPD) in conjunction with their provincial-

level counterparts and provincial Bappeda office.

Kinerja's initial efforts were launched with two workshops, one for the PHO in September 2015, and the other for the PEO and Bappeda in November 2015. Kinerja used the workshops to assess current performance in terms of how Otsus funds are managed in each of the two sectors, while also increasing participants' knowledge and capacity to integrate performance indicators into their planning and budgeting of Otsus funds in order to improve health and education services.

These workshops formed the basis for follow-up discussions with the secretaries of both the PHO and PEO in order to achieve a common understanding in developing the guidelines and to obtain their input on progress and challenges in managing Otsus funds. Kinerja also met with program and planning heads at the PHO/PEO to seek their input on technical aspects regarding the URD evaluations, before presenting them with draft copies of their respective guidelines in December 2015 and confirming the remaining steps needed to finalize them.

The target for the finalization of Otsus guidelines was the end of December 2015, but heavy workloads and competing priorities among government officials at the end of Indonesia's fiscal year meant that program staff had to hold a series of meetings with key provincial government officials on an individual basis rather than jointly.

Nevertheless, Kinerja presented final drafts of the guidelines to the PEO in February 2016, and to the PHO at the beginning of March 2016, at which point they were reviewed by each provincial office and several topics discussed and agreed upon. These included performance indicators that form the basis of planning and targets for district-level Otsus-related activities; the role of DEOs/DHOs, district Bappeda offices and SDUs in managing Otsus funds; and finalizing the format for evaluating district URD. The results of these discussions were then incorporated into the final guidelines.

Despite being a few months behind schedule, the process of developing both sets of guidelines ran relatively smoothly until Kinerja conducted district trials of the draft guidelines: one for education in Jayawijaya in February 2016 and the other, for health, in Jayapura in March 2016.

The aim of the trials was to obtain feedback from all relevant provincial and district stakeholders, specifically division and sector heads from the PEO/PHO, Bappeda and DEO/DHO, to gain a sound understanding of the challenges faced when applying the guidelines in each sector. Although fewer DEO staff than originally planned attended the trial in Jayawijaya, Kinerja and the PEO agreed that the activity had generated sufficient information for the guidelines' further development. In Jayapura, however, only one person attended - from the DHO - necessitating a repeat of the trial.

At this point, progress on the health-sector Otsus guidelines stalled. Despite Kinerja's best efforts to coordinate with the PHO during April-June 2016, the repeat trial was postponed several times during the quarter due to a combination of factors, including the unavailability of key senior PHO staff for two out of the three months and the replacement of the PHO's head of programs and planning in May 2016. When the trial had still not taken place by mid-June 2016, Bappeda took over lead responsibility from the health office and the trial finally went ahead, with provincial and district officials from Jayapura and Kota Jayapura, in July 2016.

Thirteen of the 20 government staff invited attended the trial. Of the seven who were absent, five were PHO officials – including the secretary, who is responsible for overseeing fund management, and several sector heads, whose job is to verify district-level proposed program

plans. Furthermore, the three PHO officials who did attend the trial were lower-echelon staff who did not possess the necessary knowledge or experience to examine and decide upon the guidelines' content and substance. In contrast, the provincial and district Bappeda officials and DHO staff from both districts had far greater knowledge about the URD process and provided valuable input for further development.

The participants agreed upon several follow-ups, including the formation of an Otsus team, which will be responsible for applying the new guidelines when evaluating district URD, and perfecting and finalizing the guidelines based on the feedback gathered during the trial. Kinerja remains hopeful that the Otsus guidelines for health can be finalized before programmatic activities are phased out in the next quarter, but the reality is that the PHO is the lead party in this process and very little will be achieved without the commitment of the PHO secretary.

In stark contrast, the development of the Otsus guidelines for education continued at a steady pace. Kinerja facilitated a week-long meeting at the end of May 2016 with senior officials from the PEO and provincial Bappeda to conduct an in-depth review of all the topics contained within each of the guidelines' chapters and annexes in order to finalize the material. All the participants provided constructive input to improve the URD evaluation process, while Bappeda expressed its thanks to Kinerja, saying that the guidelines would be a valuable resource not only for DEOs in developing their URD but also for provincial officials in helping to ensure compliance with existing Otsus legislation when conducting the URD evaluations.

A number of follow-ups were agreed upon during the week's discussions, including the formation of a provincial Otsus team to evaluate district URD. The 19-person team, whose members include officials from the PEO, Bappeda and the Regional Asset and Finance Management Office (BPKAD), attended a three-day Kinerja-led training in June 2016 to introduce them to the guidelines and take them through the practical steps involved in using them to conduct URD evaluations. Based on the results of the review, which included some practical exercises, the PEO and Bappeda decided to adjust the team's membership slightly to ensure that each member possessed sufficient understanding of the issues involved as well as the necessary commitment. A governing decree for the team was drafted in June 2016 and submitted to the head of the PEO for signature.[21]

As part of the process to finalize the education guidelines with the PEO and Bappeda, Kinerja's Service Standard Specialist presented the guidelines to DEO program heads from all four Kinerja districts plus five others (Intan Jaya, Keerom, Merauke, Puncak Jaya and Tolikara) at a PEO-led coordination meeting in August 2016. Kinerja explained the purpose of the guidelines and how to use them, while the PEO emphasized the importance of collecting and verifying data when developing district URD. Although only nine of the province's 29 DEOs were represented at the meeting, the newly-formed provincial Otsus team will follow up with relevant staff at each DEO when it launches the first URD evaluations using the new guidelines.

By the end of September 2016, after a lengthy and intense process, the Otsus guidelines for education were finalized. All that is needed now is the signature and issuance of a gubernatorial decree, which Bappeda previously amended. At that point, when the guidelines come into force, the PEO's Otsus team will send copies of the guidelines and all relevant supporting material to DEO program heads in all districts throughout Papua.

This is a tremendous achievement for Kinerja (and, of course, for the PEO and Bappeda also); although, admittedly, it does not come close to the program's original aims, as laid out in the

[21] The decree was still awaiting signature at the end of September 2016.

AWP. There was an expectation, before the CE began, that the guidelines would be finalized within the first quarter of FY 2016, leaving sufficient time thereafter to assist provincial Otsus teams to build the capacity of district stakeholders in developing their URD, and to monitor the guidelines' implementation. This is a lesson, perhaps, to all program designers and managers to beware being overly ambitious, especially when faced with such a limited implementation timeframe.

3.2.2 Developing a Policy Framework

As mentioned at the beginning of this chapter, the role that strong policies and regulations play in supporting good governance of public services, LG program implementation and sustainability cannot be over-emphasized. Throughout FY 2016, Kinerja has worked alongside its provincial and district government partners to promote and support the issuance of new legislation, to provide a solid foundation not only to reinforce the efforts undertaken during this past year but also for building upon those efforts in the months and years to come.

A total of 24 new regulations (16 in health and eight in education) were issued at provincial, district and subdistrict levels during FY 2016.[22] Of these, seven (six in health and one in education) were counted as achievements in July-September 2016.[23]

This is an impressive overall total, considering how long it can take in Indonesia for government offices to process and finalize draft regulations and get them to the point of signing. Looking also at the range of policies that came into effect during this fiscal year, they help to support improved governance in the delivery of public services, improvements in the quality of services in both health and education, and active civil society participation – through MSFs – to work alongside district and subdistrict service providers to improve service standards.

In the health sector, the Jayapura district head granted legal recognition to the district's MSF in March 2016 by signing a decree that had been drafted in June 2015. The decree, which covers 2015-2020, formally acknowledges the members of the MSF and their role and responsibilities in assisting the LG to improve the provision of health-care services in the district. More importantly, it offers the MSF greater legitimacy and promotes its future sustainability. Also in Jayapura, the head of the DHO issued a circular letter (*surat edaran*) in May 2016, providing directives to all 19 *puskesmas* in the district to improve health-care services by installing one or more complaint-handling mechanisms and implementing SOPs to manage complaint procedures.

Puskesmas-level MSFs also fared well in FY 2016. Four of five draft subdistrict decrees – governing the formation of new MSFs at replication *puskesmas* in Kota Jayapura – were signed by the end of September 2016.[24] Also in Kota Jayapura, as a result of Kinerja's work with the district's health ITAT in September 2016 as it conducted its first supervisory visits to *puskesmas*, the head of the DHO issued a policy providing funding to allow MSFs to play an active role in the process by monitoring the visits. Meanwhile in Jayawijaya, three subdistrict

[22] A list of all 24 policies is provided in Annex A-2.

[23] New policies are only counted as achievements by Kinerja's M&E team when supporting documentation has been received. Two of the seven regulations were signed in previous quarters and supporting documentation received between July and September 2016. (See Indicator 4 in the Key Performance-Indicator Achievement Table in Annex A-1 for details).

[24] The four subdistricts are: Abepura, Heram, Jayapura Selatan and Jayapura Utara. The release of the fifth decree, for Muara Tami Subdistrict, has been held up due to budget considerations, but it is hoped that the decree will be signed early in the next quarter.

decrees were issued in September 2016 that provide legal status to MSFs at each of Kinerja's three former partner *puskesmas* (Hom-Hom, Hubikosi and Musatfak).

In the education sector, the district heads and mayor in Kinerja's three target districts issued decrees on the formation of new education ITATs,[25] whose members – similar to their health-sector counterparts – are responsible for: (1) advocating for LG policies and funding to support and improve education services; (2) promoting and supporting the fulfillment of education MSS at both district and school levels, and (3) assisting schools to implement public service-oriented SBM as well as monitoring and supervising that implementation.

In terms of recognizing and promoting the role played by civil society, the Jayapura district head issued a decree in February 2016 on the revitalization of the District Education Council (*Dewan Pendidikan* – DEC), whose membership was expanded in November 2015 to incorporate members of the local community. Kinerja's attempts for much of FY 2016 to revitalize the DEC in Jayawijaya did not succeed (see Section 5.1.2 for details), but the DEC in Kota Jayapura is functioning and it is hoped, therefore, that a mayoral decree will be issued before Kinerja's programmatic activities cease at the end of December 2016.

A total of 18 village head decrees were also issued in the program's three target districts during July-September 2016, providing financial support – many for the first time - to Kinerja partner schools in their areas following the conducting of complaint surveys and complaint analysis workshops in June and July 2016. Although these decrees are not recorded under Key Performance Indicator (KPI) #4,[26] they nevertheless highlight the success of Kinerja's approach in promoting community participation and encouraging all relevant stakeholders to address public-service issues together.

At the provincial level, the head of the PEO issued a decree in June 2016 to form a 28-member Provincial Education Facilitation Team (PEFT), which will be responsible for overseeing the implementation of SBM at additional elementary and junior high schools in districts across Papua. With Kinerja's assistance earlier in the year, the PEO also developed a Strategic Plan (Renstra), covering the period 2013-2018, which was signed and issued in June 2016.[27]

In addition to the issuance of new legislation, Kinerja revisited the Papua Health Budget Study (HBS) at the start of the current CE, with the aim of finalizing the micro analysis that the program's former Papua Program Manager began in 2015 and presenting the updated study as a reference for current provincial and district government partners.

Conducted in FY 2014 by former Kinerja Papua IO, the Legislative Monitoring Committee (*Komite Pemantau Legislatif* – KOPEL), the HBS looks at how Papua's overall health budget is broken down into district allocations with a special focus on MSS-based budgets. In 2015, Kinerja wanted to take the study further by including analysis that examines how LG and DHO budgets are distributed at the micro level to fund health-care services and medicines targeted toward MCH, HIV or TB, or channeled into SDU priority areas such as health promotion and prevention. With the micro analysis unfinished at the start of October 2015, Kinerja recruited

[25] The Jayawijaya district head and Kota Jayapura mayor signed their respective decrees in May 2016, while the Jayapura district head signed the decree in September 2016.

[26] KPI #4 only records decrees issued at the subdistrict, district and provincial level. For more details about the village decrees, please see Section 5.1.2.

[27] All district and provincial government offices in Indonesia are legally required to produce six-year Renstra. However, the PEO had not finalized or issued its strategic plan since the current Papua Governor was elected in 2013, hence the 2013-2018 period of coverage.

a short-term technical advisor (STTA) to gather additional data, conduct further analysis and finalize the newly-updated study by the end of March 2016.

However, Kinerja's STTA failed to complete the micro analysis within the agreed-upon time; being unable to find a replacement with the requisite knowledge and skills to undertake the work, senior program staff reluctantly agreed in June 2016 that with little more than five months of program implementation remaining, the micro analysis would have to be abandoned. Nevertheless, the original macro study, as undertaken and completed by KOPEL, is still a useful reference in its own right; and after it was initially updated in 2015, Kinerja distributed it among LG partners.

As part of its efforts to support LG and civil society partners, Kinerja launched efforts in March 2016 to produce a guidebook on health governance for any district government and/or NGO interested in replicating Kinerja Papua's HSS program. The initial idea for the guidebook was formulated at the end of Kinerja Papua's first implementation stage in 2015, but it began to take shape when Kinerja was approached by USAID's Challenge TB program, which sought advice on how to conduct district consultations with both supply and demand stakeholders.

The eight-chapter guidebook covers a range of topics including health governance in Papua; assessments via district consultations; capacity building for both supply- and demand-side stakeholders; engaging both sides; replication; and choosing and managing IOs. It also draws on Kinerja's own work and good practices in the health sector in Papua with a collection of lessons learned and recommendations. A first draft was produced by the end of June 2016, and work continued through July-September 2016. Kinerja had hoped that the book would be completed and finalized by the end of September 2016, but the process is taking longer due to heavy staff workloads. Kinerja aims to have a final version ready for dissemination by the end of December 2016.

Kinerja also returned this year to another study that was conducted well before the CE began - the Papua Health Workers' Absenteeism Study - as part of its efforts to strengthen district health-sector policies. The program's Governance Advisor and Senior Health Specialist led a three-week assessment in May-June 2016 in all four Kinerja districts to determine the progress made by LGs in implementing recommended policies that were developed at an Operational Policy Barriers Workshop in October 2014 to combat health workers' absenteeism in their respective areas (see Table 1 below).

Through a total of eight FGDs with LG stakeholders and MSFs and three in-depth interviews with government officials, the assessment team found a stark difference between Kota Jayapura and Mimika on the one hand and Jayapura and Jayawijaya on the other. The assessors found that very little progress had been made in Kota Jayapura and Mimika in terms of policy implementation; of the four recommended policies that each of these two districts put forward, most remained undeveloped.

Table 1: List of LG Priority Policies to Combat Health Worker Absenteeism

Jayapura	Kota Jayapura
1. Issue DHO circular letter regarding mandatory implementation of monthly and quarterly mini-workshops in *puskesmas* (including the provision of technical guidelines) 2. Provide budget for and implement integrated supervision and monitoring of *puskesmas*	1. Train *puskesmas* managers and DHO officials on primary health care (PHC) management & budget transparency 2. Provide timely compensation for PHC workers based on their performance 3. Improve the implementation of punishments & awards based on employee performance

3. Develop checklist and tools for integrated supervision and monitoring, and train DHO staff (including on service excellence) 4. Issue new regulation relating to the distribution of health workers at *puskesmas*	4. Train and support DHO officials to conduct integrated supervision – with regular schedule and post-supervision follow-ups
Jayawijaya	**Mimika**
1. Establish tribal/local agreement to impose sanctions on local community members who harass health workers 2. Encourage more participatory and transparent PHC planning based on MSS in health 3. Include an additional component for transport in the compensation provided to health workers based on zones and time traveled by foot 4. Establish a fit and proper test mechanism for recruiting and selecting *puskesmas* heads	1. Train DHO and *puskesmas* heads in conducting supervision and providing technical assistance based on existing regulations/guidelines 2. Develop a district head decree on rewards for outstanding employee performance and reduced compensation for low-performing health workers 3. Provide housing and strategic logistics for health workers 4. Enhance planning and coordination for drug procurement and disbursements between *puskesmas* and DHO

NB: Policies in red type represent those that the relevant LG has introduced.

In **Kota Jayapura**, contributing factors include poor leadership at the DHO together with a lack of communication and collaboration between the DHO's different departments. The assessment revealed that there was an unclear division of tasks between the DHO's human resource department and personnel department, particularly in relation to formulation of policy to introduce a performance-based reward and punishment system (see policy no. 3 above). The assessors also concluded that perhaps the LG in Kota Jayapura felt that the 14.5 percent absenteeism rate among health workers, which was the lowest in all four districts at the time of the original study in June 2014, was in fact acceptable and did not, therefore, warrant the effort to reduce it further. It should be noted that the district's MSF has advocated more than once for the LG to follow up in a more substantial way. However, the MSF has also been less active than its counterpart in Jayapura and it has tended to concentrate its efforts on monitoring health workers at the *puskesmas* level as opposed to undertaking concerted advocacy efforts to the district government.

In **Mimika**, progress has been impeded by the frequent turnover of senior government staff and decision makers, including the district head, the heads of both the DHO and Bappeda, as well as mid- and senior-level managers in the DHO. This has undermined continuity within the LG which, together with the district's continued political and socio-cultural volatility, has resulted in a lack of action among policy makers to follow up on the policy recommendations. However, during one of Kinerja's interviews for the assessment in May 2016, the secretary of the DHO referred to the ongoing development of the district's new Regional Health System (*Sistem Kesehatan Daerah* – SKD),[28] which will encompass seven subsystems including a Health Workforce division. The secretary suggested that Mimika's four recommended policies to combat absenteeism could be included within that division and followed up once the SKD is launched.

In contrast to these disappointing findings, Kinerja found that Jayapura and Jayawijaya continued to make good progress with policy formation and implementation: The LG in

[28] Kinerja was actively involved in assisting the DHO to reform Mimika's existing health system by organizing public consultations to review early drafts of the SKD's design and documentation (see the Kinerja Papua Annual Report FY 2015 for details).

Jayapura has implemented three of its four policy recommendations, while in Jayawijaya, two of the district's four policies have been implemented. The key similarity behind both districts' success is the commitment shown by the LGs to follow up on the results of the absenteeism study.

In **Jayapura**, the assessment team concluded that the government's strong commitment was due in large part to the study's unexpected finding that absenteeism was higher there (close to 50 percent) than in the other three districts. Since the start of 2015, the LG has issued and implemented policies on (1) the provision of attendance- and performance-based incentives for doctors, nurses and midwives in accordance with where they are based in the district; (2) the conducting of regular mini workshops and inter-sectoral meetings at all *puskesmas* in the district, and (3) the formation of a DHO ITAT to monitor and supervise the delivery of health-care services at *puskesmas*.[29]

It should also be noted that in addition to the DHO's commitment in addressing the issue of health worker absenteeism, the district MSF in Jayapura has been the most active of all the district forums in advocating for new policies to combat the issue, including with regard to ensuring that health workers are available at *puskesmas* and village health posts across the entire district (see priority policy no. 4). These efforts prompted the DHO to conduct a study to map the availability and distribution of health workers at all 19 *puskesmas* in the district plus village health posts in order to identify and address existing gaps. The study found that the majority of health workers are located in urban areas, leaving a shortage among rural populations.

In **Jayawijaya**, the LG followed up on two of its four recommended policies shortly after the Operational Policy Barriers Workshop in October 2014. The successful introduction and use of merit-based fit and proper tests to select *puskesmas* heads in December 2014 was recently reinforced with the issuance in May 2016 of a district head decree to govern the implementation of the selection mechanism. The LG's other policy, a local agreement to impose customary-based sanctions on anyone found guilty of harassing or threatening the safety of health workers, was signed and issued in March 2015. However, implementing the agreement has proved challenging due to differing opinions by the various stakeholders involved in creating the agreement as to what form the sanctions should take and how stringent they should be.

Kinerja's Governance Advisor and Senior Health Specialist presented these initial results from its policy assessment to LG stakeholders from all four districts in September 2016. The workshop was also attended by provincial-level partners including the PHO, Bappeda, Badan Diklat and the Special Unit for the Acceleration of Health Development in Papua (UP2KP). The aim of the workshop was to discuss the findings and obtain additional feedback from those present in order to finalize the study.

Three of the four districts (Jayapura, Jayawijaya and Mimika) agreed with the study's findings and the information presented, including the challenges. Only the head of the Kota Jayapura DHO chose to provide additional information pertaining to the district's recommended policy no. 3 above, namely "Improve the implementation of punishments and awards based on employee performance." According to the DHO head, and the head of the human resource division, some punishments have been imposed on *puskesmas* staff in the district, in line with

[29] The DHO allocated funding for the newly-formed ITAT to conduct supervisory visits to six priority *puskesmas* in 2015, while a further six visits were budgeted to take place in 2016. The ITAT also developed monitoring tools for the visits, although these focused on evaluating *puskesmas* management and programming rather than the technical aspects contained within service delivery.

prevailing legislation; especially, for instance, in cases where an employee had not turned up for work for an extended period of time. As a result of this input, all parties agreed that the score for that particular policy would be increased.

However, Kota Jayapura's DHO head agreed that there had been slow progress with regard to the other three policies. He also agreed with the study's conclusion on challenges: that there was "a lack of commitment and leadership at the DHO, as well as a lack of collaboration and cooperation between different divisions and sections."

The provincial stakeholders expressed their appreciation to Kinerja for inviting them to attend, explaining that it helped them gain a better understanding of some of the issues faced in these districts, as well as informing them that some of the policies were in place and being implemented in order to tackle absenteeism.

No specific action plans were decided on at the end of the workshop, although Kinerja asked each district to identify one recommended policy that they would prioritize for follow-up. The policies they chose are as follows:

- **Kota Jayapura:** undertake a rapid assessment relating to incentives based upon staff performance;
- **Jayapura:** instruct *puskesmas* heads to monitor health worker attendance at their facilities, involving MSFs where necessary, and enter findings in a report;
- **Jayawijaya:** ensure that *puskesmas* planning is based on MSS and improve human resource capacity;
- **Mimika:** cut and/or remove incentives for staff that underperform (both those who do not show up for work and those who do not carry out their assigned tasks).

Kinerja plans to conduct an internal review of the entire process of the Health Workers' Absenteeism Study, and to reflect on district progress – or lack of – in producing and implementing policies. Thereafter, the program will present each district (and provincial stakeholders) with policy recommendations suggesting the best approach on addressing the issue of health worker absenteeism. (See Annex A-4 for an overview of the factors contributing to health workers' absenteeism in each of the four districts as well as LG priority action plans and follow-ups, updated through to the end of June 2016).

3.2.3 Replication of Good Practices

To ensure program sustainability, provincial and district counterparts are encouraged to scale up innovations and replicate them at additional schools and *puskesmas* within Kinerja's partner districts. Recognizing the importance of knowledge management in supporting these efforts, the program documents and disseminates good practices to both district and provincial policy makers and government agencies to strengthen their capacity for replication. Kinerja also supports LG efforts by sharing knowledge and best practices with all relevant stakeholders, as well as producing policy briefs and fostering peer-to-peer learning with other LGs to seek opportunities for further replication of these good practices.

During the first quarter of FY 2016, work began on documenting five good practices based on Kinerja's work in Papua's health sector:

- *Kemitraan Dinas Kesehatan dan Forum Masyarakat untuk Pelayanan Kesehatan yang Lebih Baik di Kota Jayapura* (DHO-MSF Partnerships for Improved Health Services in Kota Jayapura)

- *Pengelolaan Pengaduan Meningkatkan Kualitas Pelayanan Kesehatan dan Manajemen Puskesmas Abepantai* (Complaint Handling to Improve the Quality of Health Services and Management at Puskesmas Abepantai)
- *Advokasi Peningkatan Pelayanan Kesehatan melalui Jurnalisme Warga dan Talk Show Radio di Kabupaten Jayawijaya* (Advocacy via Citizen Journalism and Radio Talk Shows to Improve Health Services in Jayawijaya)
- *Partisipasi Masyarakat dalam Perencanaan Kegiatan Pencapaian Standar Pelayanan Minimal Kesehatan di Kabupaten Jayapura* (Community Participation in Planning Activities to Achieve Minimum Service Standards in Health in Jayapura)
- *Penanganan Terpadu Perempuan dan Anak Korban Kekerasan dengan Melibatkan Masyarakat di Kota Jayapura* (Integrated Handling of Women and Child Victims of Violence with Community Involvement in Kota Jayapura)

Text Box 3: List of new Kinerja Papua good practices for documentation

Education:

1. Expanded school committees
2. School planning (based on MSS, school self-evaluations and complaint surveys)
3. Integrating MSS costing results into district work plans
4. Allocating village funds to support school-based activities
5. Transparency in school planning and budget documents
6. Revitalization of district education councils (DECs)
7. The supervisory role of education ITATs
8. Youth journalist program in elementary schools
9. Managing Otsus funds for education through evaluating district URD
10. Integration of education campaigns into church services*

Health:

1. Integrated *puskesmas* planning
2. Fit and proper tests for selecting *puskesmas* heads in Jayawijaya
3. The supervisory role of health ITATs
4. SOPs to improve *puskesmas* management
5. Replication *puskesmas*-level MSFs in Kota Jayapura

* The 10th education good practice was dropped in September 2016 due to a lack of progress in the field.

Once finalized, they were compiled in book form and launched in April 2016 at a provincial-level gathering for Kinerja's LG and civil society partners. The book launch in Kota Jayapura, which built upon the good practices that were disseminated at the Healthy Papua (*Papua Sehat*) good practice seminar in September 2015,[30] showcased each of the good practices outlined in the book. Those attending, including representatives from the PHO, DHOs, provincial Bappeda office, BP3KB, *puskesmas*, MSFs and CJs, responded enthusiastically to the book and the panel discussions surrounding each of the good practices.

With this first book produced, Kinerja staff prepared to document a series of new Papua good practices, based on the program's achievements in both health and education during the CE. At the end of June 2016, staff discussed a range of potential good practices and agreed upon a final list of 10 in education and five in health (see Text Box 3) and the staff responsible for

[30] Former Kinerja Papua IO BaKTI (Eastern Indonesia Knowledge Exchange) produced four short videos for the seminar, comprising good practices on MSS costing integration; complaint-handling mechanisms; MSFs at the SDU level, and integrated services for victims of GBV.

drafting them. The original plan was to have all the education good practices finalized and compiled in book form by the end of September 2016, but most of the drafts were submitted well past the agreed-upon deadline, making this impossible. By the end of September 2016, Kinerja finalized three of them (nos. 3, 8 and 9), while another three (nos. 1, 4 and 5) were close to being finalized.[31] The deadline for drafts of the five new health good practices was set for October 2016.

The aim is to have both good-practice books printed and ready to distribute at the provincial sustainability and replication workshop in late-November 2016, which will mark the end of Kinerja Papua's programmatic work in the province.

In order to provide an appropriate platform for publicizing and sharing these good practices, Kinerja's website, http://www.kinerja.or.id, was re-launched in May 2016, after several months redesigning it to provide a greater focus on the program's work in Papua, while still retaining key information and material relating to the program's work and achievements in its former core provinces (Aceh, East Java, South Sulawesi and West Kalimantan) between 2011 and 2015. As of the end of September 2016, the number of unique visitors to the site since its re-launch on May 27, 2016, stood at 1,680, 75.59 percent of whom were first-time visitors, while the number of page views totaled 4,657.

Kinerja's communication staff also produced a range of material during FY 2016, both for use by staff in their day-to-day activities and for dissemination purposes. The material includes six infographics (in both Bahasa Indonesia and English) that highlight five key areas of Kinerja's work: health, education (SBM), community participation, complaint surveys and MSS, plus one that offers an overview of the Kinerja program as a whole.

There are also three illustrated flipbooks, which are used by Kinerja's education staff and IO, IPPM, in their work with demand-side stakeholders to increase their understanding about the role they can play in improving education and school services. The flipbooks, which are in both Bahasa Indonesia and local Papuan dialect, cover (1) people's right to basic education; (2) community participation (with a focus on school committees), and (3) complaint-handling mechanisms (with a focus on complaint surveys).

Finally, communication staff produced a small, illustrated booklet to support Kinerja's Youth Journalist (*Jurnalis Cilik*) program in elementary schools. Entitled *Becoming a Youth Journalist: Care about your School*, the booklet provides budding journalists with useful tips on things like how to conduct an interview, the right questions to ask and how to write well. Copies of the booklet have been printed and distributed among Kinerja's education stakeholders in Papua. All of these new products are also available to view online and download from Kinerja's website.

In terms of the replication of Kinerja's good practices, the program's education partners have led the way in FY 2016. Even before Kinerja fully launched its SBM package, the DEO in Jayawijaya announced in March 2016 that it had allocated annual budget funding to replicate Kinerja's SBM package at additional elementary schools in the district. During the same month, the PEO also indicated its faith in Kinerja's public service-oriented approach in SBM with a similar statement of financial support for replicating the package. Although replication

[31] As highlighted in the text box, the 10th education good practice – on integrating education campaigns into church services – was dropped from the list in September 2016. Program staff had hoped to identify another topic to document instead, but with so little implementation time remaining, and having exhausted all feasible options based on SBM, only nine education good practices will be documented by the end of the CE.

to non-partner districts is not part of the program's work plan, the head of the PEO stated he had earmarked IDR 3 billion (USD 230,000) in development funding to replicate Kinerja's SBM package at elementary and junior high schools across 15 of Papua's least-developed districts, collectively known as *Gerbangmas Hasrat*.

These were tremendous endorsements of Kinerja's work, especially coming so soon after the start of the CE. Since then, during the remainder of FY 2016, Kinerja has assisted the PEO to prepare the groundwork ahead of implementing its replication strategy. In April 2016, Kinerja helped the PEO to establish the PEFT which, as previously mentioned, will take the lead in overseeing SBM implementation at new schools in districts across the province. The 28-member PEFT, which includes representatives from the PEO (head, secretary, program staff and school supervisors), Bappeda, Cenderawasih University (UNCEN) and the Education Quality Assurance Agency (LPMP), will also provide direct technical assistance to replication schools, work closely with DEOs to fulfill their MSS targets and produce policy recommendations to improve governance and education services at both district and school levels.

With the PEFT established, Kinerja facilitated two trainings for its members. The first, in May 2016, aimed to increase the knowledge and capacity of 20 of the team's members on SBM and MSS, to enable them to undertake their future tasks. The second training shortly afterward targeted decision makers in the education sector to support LG efforts in issuing policies and providing budget funds to implement SBM, both at additional schools in Kinerja's three target districts and in new districts across Papua. The two-day workshop was attended by senior officials from the PEO, DEOs and Bappeda offices in Kinerja districts and members of Commission C from Jayawijaya's DPRD.

The head of the DEO in Kinerja's former treatment district of Barru, South Sulawesi, presented a session during the workshop detailing his own experiences in implementing SBM, which was followed by a group discussion exploring ways to ensure successful scaling up and replication in Papua. There was general agreement among those present that Kinerja's 30 partner schools should become models in SBM good practice to act as a reference for other schools implementing the package, and all three DEOs made a commitment to include SBM in their 2017 work plans and budgets.

In August 2016, Kinerja produced a draft M&E instrument to assist district education ITATs to monitor the implementation of SBM at the program's partner schools. Alongside district-level workshops to review the instrument with the ITATs, Kinerja facilitated an FGD at the provincial level in September 2016 to introduce it to the PEFT. Some members were unable to attend due to competing work commitments in Yogyakarta, but the 11 members present at the discussion reacted positively during the review, acknowledging that the new tool would be very useful in their own work with schools. At the end of the discussion, the participants agreed upon a follow-up schedule to test the M&E tool, and visits to some of Kinerja's partner schools in all three districts are due to take place in October 2016.

Kinerja also promoted its good practices in SBM for district- and SDU-level stakeholders by facilitating a four-day study trip in August 2016 for representatives from each of its 30 partner schools, together with DEC members, local legislators, DEO and Bappeda staff, to Kota Probolinggo in East Java, to see first-hand how Kinerja's former treatment district has implemented the program's public service-oriented SBM. Kinerja's education staff accompanied the visitors to ensure that the learning process went smoothly and that relevant information was successfully shared. The 65-person group met with staff from the Kota

Probolinggo DEO and visited three schools in the district, where they witnessed various innovations and good practices that the schools had introduced.

At a session held just before returning to Papua, to review what they had learned during their trip, the group recorded 50 good practices that they felt were relevant to their environments and conditions in Papua, and discussed which ones were the most viable for implementation. Representatives from each of the three districts developed follow-up plans, which included the need for a local regulation on education in Jayapura; the development of a "required daily reading" program at all schools in Jayapura and Jayawijaya, and active oversight of SBM implementation by school committees in Jayawijaya. Although the time given over to the visit was limited, everyone who went expressed their thanks to Kinerja for organizing the trip, and confirmed that it had been a very valuable experience in terms of increasing their understanding and enthusiasm for SBM.

In the health sector, by way of follow-up to the launch of Kinerja's good-practice book in April 2016, the program organized a meeting for provincial stakeholders to encourage replication. Originally planned for June 2016, the activity suffered several delays due to heavy workloads among provincial officials, but eventually went ahead in August 2016. At the meeting, Kinerja provided information about its health-sector innovations and good-practice implementation in Papua, with a particular focus on MSS and SOPs. The meeting also included group discussions, to identify existing factors that would support the replication of MSS and SOPs, as well as obstacles that would need to be addressed and overcome.

With regard to MSS, the supporting factors included existing legislation and Otsus funding that could be used for implementation. The perceived challenges included a lack of basic MSS-related data and a general lack of understanding among health-sector officials about strategic planning. As for SOPs, the participants pointed to supporting factors that included the availability of funding to replicate SOPs at the SDU level and more than enough health workers, but these positives were countered by the unequal distribution of health workers between urban and rural *puskesmas*, as well as the frequent rotation of experienced health staff without adequate handovers being given to remaining or incoming staff.

Although the plenary and group discussions were informative, Kinerja's main objective in holding the meeting was to target senior provincial policy makers with the authority to decide replication strategies and implementation plans. However, senior PHO and Bappeda officials were forced to cancel their attendance due to other provincial events taking place at the same time. So, Kinerja's health staff followed up with both institutions and presented them with the results of the discussions. The PHO expressed its aim to replicate SOPs at *puskesmas* in additional districts, but said it lacked available funds to do so at this time. As an alternative measure, Kinerja, in collaboration with development partner KOMPAK, conducted an intensive 11-day training in September 2016 for health ITATs on *puskesmas* accreditation, an integral part of which is the implementation of SOPs. (Details of this training are provided in Section 4.2 of this report).

4. Strengthening Governance

To build upon the enabling environment with its strong policies and regulations, Kinerja supports district governments in Jayapura, Kota Jayapura and Jayawijaya to produce relevant and responsive basic services by improving annual planning and budgeting integration. In this way, SDU-level planning and budgeting reflects district-level goals and priorities and, in turn,

district-level planning and budgeting sufficiently supports each SDU's needs, using MSS as an overall guide.

In the health sector, Kinerja supports government partners to (1) incorporate MSS costing into provincial and district work plans and budgets; (2) conduct oversight and supervision and provide technical assistance to SDU managers; and (3) pilot an integrated planning and budgeting framework between *puskesmas* and DHOs. In the education sector, Kinerja supports government partners to (1) incorporate MSS costing into provincial and district work plans and budgets; (2) implement Kinerja good practices; and (3) assist schools in implementing public service-oriented SBM.

4.1 Achieving MSS in Health and Education

Service standards are a core focus for Kinerja, feeding into virtually all aspects of its work with supply- and demand-side stakeholders at provincial, district and SDU levels. Nowhere is this more obvious than in Kinerja's efforts with district government partners to ensure that MSS are integrated into all stages of planning, budgeting and program implementation.

Kinerja's work on MSS incorporates the following stages:

1. Increase awareness and political support to improve MSS achievement;
2. Update and verify data to calculate level of MSS achievement;
3. Analyze gaps that impede achievement of MSS targets;
4. Calculate MSS costing to reduce gaps via priority activity plans;
5. Integrate MSS targets and costing results into LG planning/budgeting documents;
6. Assess/evaluate MSS achievement.

Having previously assisted LGs in its target districts to work toward fulfilling MSS in health, Kinerja began the CE by following up with the DHOs in Jayapura and Kota Jayapura to review the level of MSS achievement in each district. It then proceeded to update their former MSS costing calculations using the new EBP-MSS combined module that it developed in conjunction with UNICEF and PKMK (as described in Section 3.1.2).

In Jayapura, the review found that the DHO's MSS costing documentation was in line with other local mid- and long-term planning and budgeting documents, but the LG had not incorporated the costing results into its budget allocations for 2016. As a result, the final approved health allocation did not match the costing calculations and, therefore, fell short of achieving MSS in the sector.

Meanwhile in Kota Jayapura, the results of the review were inconclusive; although the LG had incorporated its MSS costing results into the 2016 budget allocations, at the time the review took place, in December 2015, the budget was being finalized and was not available for checking the final health allocation. As a result, Kinerja facilitated a refresher workshop in March 2016 for DHO and Bappeda staff to recalculate the district's costing results and integrate them into the health office's preliminary draft work plan and budget for 2017. With program support, the participants also synchronized reports on MSS achievement from the district's *puskesmas* with those at the DHO.

In late-March 2016, when work was finally completed on the new EBP-MSS module, Kinerja introduced it at two workshops for district partners - first in Jayapura and, shortly afterward, Kota Jayapura. Kinerja explained each of the module's nine sections to the DHO and *puskesmas* representatives present at each workshop. It then assisted them in applying the module's evidence-based costing method to their respective DHO 2017 draft work plans in

order to identify and analyze existing gaps. After calculating the required costs to close the gaps, the participants incorporated the costing results into their draft work plans.

Kinerja had hoped to also introduce the EBP-MSS module to LG stakeholders in Jayawijaya and assist the district to reach the same stage as Jayapura and Kota Jayapura in working to achieve district MSS targets. During discussions in April 2016, however, Jayawijaya's acting DHO head felt that in light of the limited implementation time remaining, it was more practical to focus on MSS achievement at the SDU level via Kinerja's Integrated Puskesmas Planning intervention (see Section 4.3 for details).

Further workshops followed in both districts at the end of April 2016 to develop priority activities to accelerate the achievement of MSS targets. As well as incorporating a number of activities into their respective draft work plans, participants also produced preliminary draft budgets to cover each plan's implementation costs.

With Jayapura's MSS costing results finalized and integrated into its draft work plan, Kinerja facilitated a two-day workshop in September 2016 to assist the DHO to review its draft work plan and corresponding draft budget. The workshop included a review of the agreed-upon program and priority activities as well as the DHO's MSS-related work indicators, benchmarks, achievements, inputs, outputs, results and targets. The review highlighted a problem, however; in a few instances, more than one activity was contained under one umbrella program title, rather than being listed separately with their own budget codes, which effectively compromised the activities' related inputs, outputs, results and targets.[32]

With Kinerja's support, the DHO and Bappeda set about resolving these discrepancies and, in the next quarter, Kinerja will assist the LG to (1) conduct a final review of the 2017 work plan and budget, and (2) integrate MSS costing results into the 2017 budget with a view to finalizing them.

Meanwhile in Kota Jayapura, work to finalize its MSS costing results continued into the fourth quarter of FY 2016. In August 2016, Kinerja facilitated a meeting to assist the DHO to review the costing results against the MSS-related aims, targets and outcomes contained in its prevailing 2016 work plan, to check for any gaps or inconsistencies in its 2017 draft work plan.[33] All those present were satisfied that the costing results were sound and agreed to hold a separate workshop to integrate the results into the work plan.

This follow-up workshop in late-September 2016 was attended by DHO officials as well as the heads of 12 of the district's 13 *puskesmas*.[34] Priority activities from two recently-approved *puskesmas* RUK (produced by Puskesmas Abepantai and Kotaraja during the trial of Kinerja's new IPP mechanism) were incorporated into the draft work plan, but a further three RUK (for Puskesmas Jayapura Utara, Koya Barat and Tanjung Ria) were still awaiting approval by the DHO. They are expected to be approved and incorporated into the work plan early next quarter, at which point Kinerja will follow up with the DHO to review and finalize the MSS costing

[32] One example was the activity "Training and education for nurses", which was incorporated under the title "Elderly health care". However, some of the nurses included in this activity offer services to pregnant women as opposed to elderly patients and, therefore, need to be included in the district's planning as a separate entity.

[33] This review also highlighted the fact that the DHO's five-year Strategic Plan expires at the end of 2016. Kinerja will follow up with Bappeda to help coordinate LG efforts to develop a new DHO Renstra for 2017-2021.

[34] Until recently, there were 12 *puskesmas* in Kota Jayapura but in July 2016, a 13th health center – Puskesmas Twano – was officially inaugurated.

results and integrate them into both the work plan and accompanying budget, and finalize both documents.

In the education sector, as MSS was a new area/a relatively unknown topic for all its education partners, Kinerja conducted a series of introductory workshops in the first quarter of the year to offer the basics of how to map progress on, and incorporate, MSS into district plans and budgets, with a particular focus on evidence-based planning and budgeting. The workshops also analyzed some of the challenges facing DEO staff and school administrators in each of the districts and discussed ways to try and overcome them. A few were common themes, such as shortages of science and math equipment in elementary schools, teacher absenteeism, and over-sized classes exceeding the mandated maximum of 36 students.

To build upon the information provided at these first workshops, Kinerja conducted a second round of trainings for LG and school partners in February 2016. These workshops aimed to increase participants' knowledge about MSS indicators in basic education;[35] how to integrate the indicators into school and district planning documents; and how to calculate MSS costing. The workshops also aimed to improve their skills in compiling MSS targets, analyze existing problems and gaps, and produce action plans to overcome them to fulfill the MSS targets.

At the conclusion of these workshops, the DEOs made a commitment to start collecting data, in collaboration with school principals and administrators, relating to the MSS indicators. These data were then used in follow-up workshops in March 2016, when the participants put what they had learned into practice by developing MSS costing documents to address their respective MSS targets based on the 14 district-level indicators.

A common challenge in all districts was data gaps, as well as difficulties verifying data that had been collected due to limited time ahead of the workshops. Nevertheless, with Kinerja's support, the participants at each of the workshops (comprising DEO officials, school supervisors, school principals and administrators, and DEC members) managed to produce draft documentation incorporating MSS targets and costing results to feed into each DEO's five-year development plan for 2016-2020.

With steady progress achieved so far, Kinerja's plan at the start of the third quarter of FY 2016 was to assist its education partners to review their draft MSS costing documents, complete them by repeating the costing process using school-related data based on indicators 15-27, and make any necessary amendments before finalizing them and integrating the results into draft annual work plans for 2017.

This plan was successful in Jayapura, where Kinerja followed up with 40 DEO and school representatives in June 2016 to finalize the MSS costing. The two-day workshop included a refresher session on all 27 MSS indicators for basic education, followed by a final review of priority activities and DEO budget realization for 2015-2016; group work to review the draft MSS costing documentation that had been developed in March 2016, and synchronizing that documentation with SDU costing results to fulfill MSS based on all the indicators. By the end

[35] There are 27 MSS indicators relating to basic education, which incorporates both elementary and junior high schools. Indicators 1-14 are district-level MSS (such as the equitable distribution of qualified teachers and principals, and ensuring regular monthly visits by school supervisors to all schools) that are the responsibility of DEOs to fulfill, while indicators 15-27 are school-related MSS (such as the availability of school text books and other necessary teaching supplies, and teachers' working hours), which are incorporated into school plans and budgets.

of the workshop, the participants had successfully finalized the costing results and produced an MSS-based draft work plan for 2017.

Kinerja facilitated an FGD in August 2016 with 13 of the DEO's section heads in Jayapura to review the draft work plan and begin the process of finalizing it with the MSS costing results fully integrated. During the FGD, the participants drafted a decree governing the plan and a newly-formed DEO-based MSS team responsible for developing future work plans. Work continued on filling in data gaps – especially in relation to school-based MSS indicators – while work began on completing chapters 2 (on evaluating the implementation of the DEO's 2015 work plan) and 3 (aims, targets, programs & activities). By the end of the discussion, the DEO head, secretary and finance division head made the commitment to finalize the work plan by the end of August 2016.[36]

In contrast to the progress made in Jayapura, however, Kinerja ran into difficulties in Jayawijaya and Kota Jayapura.

Due to a combination of the program's intense work schedule during April-June 2016[37] and competing priorities at the DEO, Kinerja was unable to conduct the costing integration workshop in Jayawijaya as planned. Instead, Kinerja's locally-based staff held several informal sessions with DEO and Bappeda officials during the quarter to finalize the costing results and integrate them into the DEO's 2017 work plan. Although the costing results were finalized, the resulting work plan did not meet required standards.

Kinerja followed up with its Jayawijaya partners in mid-September 2016. After reviewing the district's program plan, priority activities and MSS costing results, they were all finalized and integrated into the DEO's 2017 draft work plan. Despite the five-month gap since the previous workshop in Jayawijaya, the LG stakeholders present (including officials from the DEO, Bappeda and local legislators from the DPRD) provided valuable input during the review, and said they remained committed to supporting repeated MSS costing in the future, recognizing the process as an integral part of their wider efforts to improve education standards and services in the district.

One of the legislators also reiterated the DPRD's commitment to provide sufficient funding for the 2017 annual budget to fulfill MSS. To this end, the head of the DEO promised to finalize and formally issue the work plan and would concentrate on incorporating the MSS costing results into their 2017 budget.

In Kota Jayapura, little progress was made during the third quarter of FY 2016 due to a lack of commitment by the DEO head. Despite promises made during the previous workshop in March 2016, many gaps in data still remained and other data still needed to be verified. This ruled out the possibility of going ahead with the workshop to integrate MSS costing.

After seeking assistance from Bappeda and senior district supervisors, who agreed to try to accelerate efforts, Kinerja organized a FGD in August 2016 with Bappeda and the DEO to verify existing data relating to MSS indicators 1-14, while at the same time rebuilding commitment among LG stakeholders in the district to apply MSS in basic education. The discussion went well and after going through the verification process, the participants

[36] Kinerja will follow up with the Jayapura DEO in the next quarter to review the work plan to ensure it is finalized.

[37] As previously mentioned in Section 2.2.1 of this report, the implementation of Kinerja's SBM package was only fully launched in April 2016. This resulted in program staff trying to deliver two quarters' worth of activities in just one, to get the education component back in line with the program's implementation timeline.

acknowledged that they now had a better understanding of each of the indicators as well as greater knowledge about data- and performance-based planning and budgeting.

Kinerja followed up the FGD with a two-day mini-workshop to finalize MSS costing – using all 27 indicators – and start the process of integrating the costing results into the DEO's draft work plan. Attended by DEO and Bappeda officials, as well as the program's education IO, IPPM, DEC members and CJs, Kinerja assisted the participants to develop MSS-based targets and calculate costing to achieve them. Many of those present admitted they had never costed MSS before, or undertaken any MSS-related activities, but that as their knowledge was starting to increase, so too was their enthusiasm. By the end of the two days, the participants had successfully costed MSS to meet the district's basic education targets.

At a final workshop in September 2016 to integrate MSS costing results into the DEO's 2017 work plan, Kinerja's Service Standard Specialist took Kota Jayapura's LG and school stakeholders through a brief review of key aspects of MSS-based planning and budgeting, including resources, account codes, and priority programs and activities before reminding them of the importance of evaluating MSS in education every year. All 31 people at the workshop agreed that in undertaking an MSS mapping exercise, it was essential to include DEO staff together with school stakeholders and members of school committees and DECs to ensure a broad cross-section of views and opinions, to provide more meaningful input.

Despite the hiccup in the district's progress a few months previously, this workshop in September 2016 really galvanized everyone involved. Admittedly, a few people maintained that they would prefer more than just two days to really be able to digest such technical material, but overall the atmosphere was very positive. Most importantly, by the end of the workshop, the district's MSS costing results were incorporated into the DEO's 2017 work plan, leaving a final step for Kinerja to coordinate with the DEO to ensure the inclusion of several priority activities in the work plan.

Throughout FY 2016, Kinerja complemented and strengthened its MSS work at the district level by engaging with PG partners to stress the importance of applying MSS in both health and education sectors. As described below, Kinerja's MSS-related efforts during the year resonated much more with the PEO than the PHO.

In October 2015, the PHO requested Kinerja's assistance to review its 2015 annual work plan and budget (*Rencana Kerja Anggaran* – RKA), to enable it to improve its 2016 RKA by directing the budget toward more measurable performance targets. The review process lasted two months until December 2015, when Kinerja formally presented its final review report to the PHO. The health office expressed its appreciation for Kinerja's efforts, and the head of the PHO's Programs and Planning Office confirmed his commitment to emphasize performance as the foundation for compiling annual work plans and budgets in the future.

In the second quarter of FY 2016, Kinerja held several discussions with both the PHO and PEO to develop two sets of guidelines – one for each sector – to support the application and achievement of MSS across Papua.

For the health sector, Kinerja's Service Standard Specialist held initial discussions with DHO officials to obtain their feedback on the role played by the PG in promoting and advancing development to accelerate the achievement of MSS. The feedback provided suggested that the PHO could improve its oversight and monitoring of district MSS reporting. One example given concerned DHOs' obligation to report progress on MSS achievements via MOH's online reporting system. In 2014, of Papua's 29 districts, only four (Jayapura, Kota Jayapura, Lanny

Jaya and Yapen Waropen) complied and uploaded their MSS reports onto the web-based mechanism, while in 2015, only Jayapura and Lanny Jaya complied.

Kinerja followed up with the PHO and, based on several discussions held during March 2016, it was agreed that the program would compile technical and strategic guidelines to assist the PHO in its efforts to accelerate MSS achievement within the broader framework of health-sector development in Papua. Work on the guidelines was delayed slightly due to the rotation of senior PHO staff but by the end of March 2016, an initial draft had been produced.

After March 2016, however, all of Kinerja's attempts to make further progress with the MSS guidelines for health failed. Despite the previously positive reception to the development of the guidelines, the PHO maintained that the primary responsibility for fulfilling district-level MSS lay with district authorities themselves. Provincial officials also argued that they were loath to undertake efforts to create a strategy to assist districts to accelerate MSS achievement as the current 18 MSS indicators for health were about to be replaced with new ones.[38] After meeting to discuss the matter further in June 2016, Kinerja and the PHO jointly agreed to drop the development of the guidelines to accelerate MSS achievement and instead conduct a workshop to identify and map existing MSS achievements in Kinerja's three partner districts. The workshop was scheduled for June 2016 but was postponed until July 2016 due to conflicting priorities on the part of the PHO. The workshop never took place, however, and there was no subsequent follow-up on the topic.

In contrast, the PEO's commitment to develop guidelines to accelerate MSS achievement in the education sector never wavered. A primary challenge in developing the guidelines was the lack of current data on progress in MSS; although it should be noted that these gaps in data do not reflect overall performance regarding development of basic education at the district level. In Kota Jayapura, for instance, although there is a lack of specific progress-related data, other data indicate that in terms of literacy and school enrollment, development in the district is equivalent to other large cities in Java and other more progressive provinces in Indonesia.

Kinerja was also invited to attend the PEO's province-wide coordination meeting (Rakornis) at the start of March 2016. The program presented the draft guidelines to the assembled DEO staff and also conducted a workshop on mapping MSS and developing a strategy to achieve MSS in basic education for LGs and the PG. A couple of key points addressed during the workshop were the need to synchronize national, provincial and district government programs, activities and budgets in education, and the aim to formulate an instrument to enable the PEO to measure DEO performance. However, participants at the workshop cited the stark difference between the 15 least-developed districts in Papua and other more-developed districts, such as Jayapura and Kota Jayapura, which has produced quite different approaches in development and which continues to be the single biggest challenge to creating a more equitable landscape in the province.

The program followed this by providing a one-day mentoring session in April 2016 for officials from the PEO, provincial Bappeda office and Kinerja's three partner DEOs to map the achievement of MSS in basic education in the three districts.

With Kinerja's assistance, the participants reviewed current levels of MSS achievement, including MSS costing calculations, in each of the districts. After identifying areas where

[38] MOHA will be introducing new MSS indicators not only for the health sector but also for education. It is not clear when the new indicators will be released, although they were originally due for publication in November 2015.

achievement levels were low, the officials compiled a series of strategic and practical steps to overcome some of the main challenges (such as the lack of, or unverified, data) in order to accelerate the fulfillment of district and school service standards. Among these practical steps, the PEO confirmed that it would organize a coordination meeting to further review MSS as well as verify education data and review M&E procedures.[39]

Following on from this mentoring session, the program continued with the development of the technical and strategic guidelines. Aimed specifically at the new PEFT, the guidelines are intended to be a valuable resource for those members of the team responsible for promoting MSS achievement to ensure that MSS are incorporated at each stage of SBM implementation in schools and districts across Papua. A draft of the four-chapter guidelines was compiled and plans put in place for Kinerja to meet with the PEFT towards the end of August 2016 to review them and determine the necessary steps to finalize and formally issue them.

Progress on the guidelines slowed a little during July-September 2016; by the end of this period, the guidelines were about 70 percent complete. Much depends on the commitment of the PEFT, but the program is hopeful that the guidelines to accelerate MSS achievement will be finalized by the end of November 2016.

Alongside these MSS-based activities with the PEO, Kinerja secured a significant achievement in June 2016 with the completion and issuance of the PEO's Strategic Plan (Renstra) 2013-2018.[40] Kinerja, in collaboration with the Asian Development Bank's Analytical and Capacity Development Partnership (ACDP) program, responded to a request by the PEO in November 2015 to assist it to produce a Renstra. After months of steady progress, during which Kinerja and ACDP shared responsibility for implementing an eight-stage development process, the final document was disseminated via a public consultation in June 2016, and signed by the PEO head the same month.

With the Renstra completed and issued, the PEO requested further assistance from Kinerja in August 2016 – to help it develop its Regional Government Agency Performance Report (*Laporan Kinerja Instansi Pemerintah Daerah* – LAKIP) for 2016. A government LAKIP forms the basis for other similar performance-based reports, namely Accountability Statement Report (LKPJ) and Village Administration Implementation Report (LPPD). The PEO was very impressed with the final Renstra and was keen to make use of Kinerja's technical knowledge while the program was still in Papua.

Kinerja and the PEO agreed upon a five-stage process, which began in August 2016. Kinerja's PSD and Field Oversight Advisor met with the PEO to discuss the proposed schedule – which will run through to the end of October 2016 - and to identify and assign nine PEO staff to form a point team that will be responsible for developing such reports in future.

In addition to forming the new team, which is led by the PEO secretary, Kinerja conducted two three-day trainings – one at the end of August 2016 for the new team members, and another at the end of September 2016 for provincial Bappeda staff and PEO sector staff. During much of October 2016, the PEO will conduct several internal activities to compile data in order to draft the three reports before Kinerja conducts a mini-workshop to review the drafts.

[39] In addition to this mentoring session that focused purely on Kinerja's three target districts, from April 2016, the PEO began to actively monitor and gather data pertaining to MSS achievement in 15 other districts in the province, clearly signaling its commitment to accelerating MSS achievement across Papua.

[40] The Renstra's timeframe, five years starting from 2013, is in line with the term of the current Papua Governor, Lukas Enembe.

4.2 Strengthening Management & Leadership for Health Service Delivery

Kinerja spent the first quarter of FY 2016 preparing to withdraw direct assistance to *puskesmas* by the end of December 2015 in order to turn its focus to the district level and support DHO ITATs. Established by Kinerja in 2015, the key role of health-sector ITATs is to undertake integrated supervision, monitoring and oversight to improve *puskesmas* performance. Kinerja supports DHOs to build the capacity of *puskesmas* staff on governance and management issues by training DHO officials, with a particular focus on the ITATs, about health-governance components such as MSS, incentive mechanisms, integrated MSS-based annual planning and budgeting, and complaint-handling mechanisms.

In November 2015, Kinerja presented the results of an ITAT assessment, which was conducted to determine the kind of assistance DHOs required in order to fully undertake their monitoring and supervisory responsibilities at health centers. The assessment results, which are presented in Section 2.1.1 of this report, formed the basis for two distinct aspects of the support that Kinerja has provided to the PHO during this CE: the first was the development of technical and operational guidelines for DHO ITATs, to ensure that the technical assistance they give to *puskesmas,* in addition to their regular monitoring and supervisory tasks, adheres to specific procedures and standards. The second was the amendment of the PML module, to build the skills and capacity of DHO heads and enable them to deliver improved health services.

Work began on developing the technical guidelines for ITATs in January 2016. Kinerja's Senior Health Specialist, in collaboration with an official from Papua's provincial health-sector training center, Balatkes, drafted the five-chapter document. The guidelines include in-depth information on a variety of topics, from detailing the role and responsibilities of ITATs to guiding them through the different aspects they need to be aware of and check when monitoring and assisting *puskesmas* in order to improve the management and quality of health-care services.

Kinerja originally planned for the ITAT guidelines to be ready for use by the end of March 2016, but the final draft was only completed in May 2016. Kinerja conducted two meetings with the PHFT to review the draft guidelines and prepare for a first round of trainings with ITAT members. Minor amendments were made to the guidelines following the review, and additional items were incorporated into the technical assistance tools and checklist that provide the main reference for ITATs in supporting and monitoring *puskesmas*.

Finalizing the technical guidelines continued to suffer setbacks, however, due to competing priorities on the part of both the program's STTA from Balatkes and the PHFT officials. As a result, it was agreed that Kinerja would conduct the first trainings on applying the guidelines directly to the ITATs in each of the program's three target districts rather than first providing a TOT to the provincial facilitators, as originally intended.

Kinerja facilitated the first training for ITAT members from Jayapura and Kota Jayapura in early-June 2016, and the second for members of the Jayawijaya ITAT later in the month. The trainings were made as practical as possible by utilizing data and information provided by health centers in each district concerning the key issues they face in their everyday operations. From these data, each of the ITATs produced a shortlist of five priority issues to direct their future engagement with the *puskesmas*.[41]

[41] In Jayawijaya, the head of the DHO felt five priority issues were too many, especially for the first visits to *puskesmas* in August and September 2016. He therefore instructed the ITAT members to focus on three of the issues: MCH, immunization programs and *puskesmas* management.

Holding a joint training for the Jayapura and Kota Jayapura ITATs proved to be beneficial, as the members of the Jayapura ITAT were able to draw on their greater experience to help their Kota Jayapura counterparts gain a deeper understanding of the purpose and intended outcomes of the direct support they provide. In Jayawijaya, the capacity among the ITAT members was lower than in the other two districts, and they struggled with some of the theory. However, after a few role-plays, which simulated monitoring visits to *puskesmas*, they also began to develop a better understanding of their tasks and responsibilities and how to carry them out.

In July-September 2016, the time came to put the learning into practice. Kinerja provided mentoring support to the three ITATs throughout the practical implementation period, which comprised (1) preparation meetings with the head of the DHO and health office section heads to decide which *puskesmas* to visit; (2) the visits to the *puskesmas*; (3) an evaluation meeting after the visits to discuss the findings, with input from DHO and *puskesmas* staff; and (4) the compilation of technical recommendations, formally endorsed by the DHO, based on the evaluation findings.

As part of the preparation, the DHO notifies the head of a *puskesmas* about an upcoming visit around one week beforehand, and sends them a copy of the ITAT's checklist so that staff have an idea of the kinds of issues and topics that the team will address when they visit. These include MSS achievement, *puskesmas* performance, community complaints, activity reports and meeting notes from mini-workshops with external stakeholders.

The ITATs also aim to speak with all staff and the head of the health center during each visit. After explaining the purpose of the visit, ITAT members ask staff about specific topics such as existing problems and potential solutions; whether the *puskesmas* has an action plan to improve services, and whether individual staff members are provided with on-the-job training in order to develop their skills.

During August and September 2016, the three ITATs visited a total of 12 *puskesmas* (two in Jayapura and Kota Jayapura, respectively, and eight in Jayawijaya). The two *puskesmas* visits in Kota Jayapura were the last to be conducted during the reporting period, on September 19, 2016. The follow-up evaluation will take place in October 2016 and technical recommendations will be compiled thereafter. Recommendations for all the visits in Jayapura and Jayawijaya, however, were produced and sent to the relevant *puskesmas* by the end of September 2016.

It is worth noting that in Kota Jayapura, the DHO also assigned a role to the SDU-level MSFs – to monitor the ITAT visits and, using their own specially-designed checklists, to gather information about community participation and complaint-handling procedures.

In terms of evaluating the monitoring process, the general consensus from all those involved was positive. Admittedly, as this was the first time the guidelines were applied at the *puskesmas*, some ITAT members had to refer to the checklist and questions for health center staff quite often, which interrupted the flow on occasion. But this will certainly improve with greater familiarity.

Undoubtedly, the biggest challenge for each of the DHOs and ITATs was logistics; the process from preparation through evaluation was quite lengthy, although this presumably also depends on how many *puskesmas* are visited. But each stage requires the active participation of a number of key personnel, both at SDU and district levels, which can be hard to achieve. Nevertheless, these visits were a good start and more visits are due to take place in the next

quarter.[42] It is also hoped that there will be an opportunity to provide the PHFT with the TOT on the guidelines, which was delayed earlier in the year.

Although the PHO confirmed in September 2016 that it would be unable to follow through on its plan to establish new ITATs in at least 10 additional districts in Papua by the end of this year (due to the recent national budget cuts mentioned earlier in this report), it nonetheless remains part of the PHO's long-term plan to form ITATs and train them on the technical guidelines in all 29 districts across the province.

In addition to supporting the ITATs in their monitoring of *puskesmas*, Kinerja also facilitated an 11-day training in September 2016 on *puskesmas* accreditation for DHO technical assistance teams from 11 districts in Papua, including a few members of Kinerja's ITATs from all four districts. Kinerja's Health Specialist facilitated the training in collaboration with Australia's Department of Foreign Affairs and Trade's (DFAT) KOMPAK program and the PHO. A total of 36 DHO technical assistance staff attended the training, which aimed to teach them to use and apply *puskesmas* accreditation tools and standards; develop *puskesmas* accreditation documents; facilitate an accreditation process and conduct an internal audit.

The training was primarily practical but it began with introducing the participants to the nationally-recognized accreditation instrument, which comprises 776 assessment elements, divided into three parts: Administrative Management, Community Health Efforts and Individual Health Efforts. The 36 DHO staff, split into three groups, started the training by reading all 776 assessment elements and discussing them in their groups. Understandably, many of the participants were bewildered by the number of different elements that were applied to evaluate performance and services at *puskesmas*. However, a few *puskesmas* staff were on hand, as was an accreditation specialist, who could help answer questions.

During the 11 days, the participants learned about forming quality-assurance teams, planning documents and how to develop service SOPs. During two days, they visited two health centers in Jayapura: Puskesmas Dosay (one of Kinerja's former partner health centers) and Puskesmas Harapan, both of which are currently seeking to obtain official accreditation. Physically going to the *puskesmas* and undertaking simulated accreditation visits made the participants realize just how strict the accreditation process is – and how hard it is for health centers to be awarded accreditation.

Split into the three groups again, they assessed both of the *puskesmas*, going through all the main steps, and then returned to the classroom where they discussed their assessment results. There was consensus on which *puskesmas* had "won" – Puskesmas Harapan. They all agreed that Puskesmas Dosay required intensive assistance if it wanted to become accredited. On the last day of the training, all the participants were tested on how much they had learned. Most passed first time, but seven participants failed the written test twice, but managed to pass when they were interviewed.

The second component of Kinerja's assistance to the PHO during FY 2016, as mentioned above, was to help build the skills and capacity of DHO heads by revising the PML module. Originally developed by PKMK, PHO and Balatkes officials wanted the module to include

[42] As previously reported in the Kinerja Papua Quarterly report for April-June 2016, Kinerja's M&E team targeted a total of 27 visits to health centers during the CE, but given the two-month delay in finalizing the technical guidelines plus only a matter of weeks remaining in Kinerja's implementation period, it is unlikely that the target will be achieved.

simulations on (1) conflict management; (2) effective managerial techniques, and (3) ways to conduct successful health budget advocacy to relevant stakeholders. They also proposed the inclusion of additional material on local health-sector issues pertinent to Papua, such as Otsus funding for health and provincial health policies; performance indicators in line with national government stipulations; key PSD principles; and a system of recording and reporting to feed into DHO databases.

An STTA team began to revise the PML module in January 2016 and by the end of March 2016, they had drafted four of the six planned chapters. Work continued on into the following quarter and the two remaining chapters – one on Leadership and the other on Managerial Competence – were completed in May 2016. The team also incorporated outstanding data relating to MSS and national health-sector development targets and indicators.

Despite the module being completed, the limited availability of key PHO officials (including Kinerja's PHFT liaison, Dr. Agnes) during the third quarter of FY 2016 prevented Kinerja from conducting the follow-up stage - of meeting with the PHO and a number of former DHO heads to review and finalize the module before using it in trainings.

Kinerja had hoped to hold this meeting as early as possible in July 2016, to enable program staff to conduct a TOT for provincial facilitators and resource persons from among the former health office heads. They would then go on to use the module to improve leadership and management among DHO heads in 17 so-called "code-red" districts in Papua, where the quality of health-care services is deemed to be particularly low.[43]

However, no progress was made during July-September 2016. Kinerja tried on several occasions to arrange the meeting but each time, throughout the quarter, the PHO postponed it. The meeting has now been scheduled to take place in early October 2016. If all goes to plan, Kinerja hopes to hold the TOT three weeks after that.

In addition to these activities, Kinerja conducted a three-day training in May 2016 for staff at Puskesmas Timika, one of the program's former partner health centers in Mimika, which is the district's focal point for treating women and children who have been subjected to domestic violence. The training, which was attended by staff from Puskesmas Timika and Kinerja's two other former partner health centers in the district (Limau Asri and Mapurujaya), provided instruction on how to handle GBV cases.

Representatives from all units at Puskesmas Timika attended on the first day of the training, down to the cleaning staff and security guards, to ensure that all staff are aware of their responsibilities for protecting survivors of violence. Days two and three of the training were for medical staff and focused on how to provide assistance to survivors, including how to identify cases of violence and how to write accurate medical notes about indications of violence. The service procedure (SOP on Handling Cases of Violence against Women) was also re-examined to ensure that all staff had a good understanding of the necessary steps to be taken and in what order.

Kinerja facilitated three more GBV workshops in September 2016, two of which were conducted in collaboration with the Ministry of Women's Empowerment and Child Protection.

[43] The PHO confirmed to Kinerja in January 2016 that it would provide IDR 116 million (USD 8,830) towards the cost of implementing these initial PML trainings.

The first of these took place in Kota Jayapura, where Kinerja followed up for the first time since November 2015 with LG and development partners to review progress on the implementation of the district's five-year RAD KtPA. With a governing *perwal* in place since December 2015, Kinerja wanted to assess lessons learned and/or challenges relating to implementation, as well as to ensure that priority program activities were integrated into LG planning and budgeting to accelerate implementation.

To this end, Kinerja and 33 participants, who included representatives from the P2TP2A, BP3AKB, Puskesmas Tanjung Ria, Bappeda, SKPD and civil society organizations (CSOs), reviewed the RAD with its 2016-2020 timeframe, identified activities that the BP3AKB had already implemented with DHO funding and transferred priority activities into a one-year action plan for 2016-2017, enabling progress to be reviewed each year. As several SKPD staff who had been invited failed to attend, it was also agreed that participants would follow up with them to advocate for inclusion in their annual work plans and budgets.

Also in Kota Jayapura, Kinerja facilitated a two-day workshop for church leaders to increase their understanding about violence against women: its causes and results, and the rights of victims of violence. The workshop aimed to also increase their awareness about survivors' needs, and to explore what forms of support church leaders and church organizations can provide based on the different contexts in Papua but all within the frame of trying to overcome violence against women and children. According to Women's Empowerment and Child Protection Minister Yohana Yembise, Papua has the highest number of cases of violence against women in Indonesia, the majority of which are dominated by domestic violence, which currently stands at 56 percent.

The workshop sought to discuss questions such as: What forms does violence against women in Papua take? What is the impact on victims and their families? What opportunities exist to fulfill the rights of the victim? Other topics were discussed, too, including rehabilitation for offenders and the role of the community.

The 26 participants, 20 of whom were men, spoke honestly about the issue of patriarchy, which is culturally very strong in many Papuan communities. Those present said they regretted there had not been more time to explore certain issues in more depth, and that Kinerja was closing. However, with a representative from USAID's new GBV project, BERSAMA, also attending, they said they hoped BERSAMA would follow up with church leaders and groups to address this very important issue.

The final workshop took place in Mimika, where Kinerja supported the locally-based Women's Empowerment Agency to build the capacity and skills of 20 staff and volunteers belonging to the district's P2TP2A, to enable them to offer counseling services to women survivors of violence. The P2TP2A was founded in July 2014, and it now has five staff paid for by LG budget funds and, just in August 2016, it obtained its first psychologist. As the organization is still so young, a secondary purpose of the workshop was to improve the P2TP2A's organizational and technical capacity – as the lead agency to coordinate integrated GBV services in Mimika.

4.3 Integrated DHO-*Puskesmas* Planning Framework

Alongside its collaboration with UNICEF to develop a new IPP curriculum for *puskesmas*-level planning, Kinerja worked with its DHO partners and ITATs during FY 2016 to create an IPP framework to integrate the results of *puskesmas* RUK into district-level plans and budgets. In this way, *puskesmas* plans and budgets will reflect district development priorities, while district plans and budgets will reflect evidence-based needs at *puskesmas* to achieve MSS targets. Key elements of the framework include: (1) mechanisms to communicate district sectoral priorities to *puskesmas*; (2) processes for reviewing *puskesmas* plans/needs against district priorities; and (3) a process for aligning aggregated *puskesmas* needs as opposed to total district budget constraints.

Kinerja and UNICEF's new IPP curriculum comprises a 12-step process (see Text Box 4 above), and includes applying the latter's IMP approach to make the RUK more evidence-based. In recognition of Kinerja's governance approach, the new development process also provides for community input at each stage of development, as well as including *puskesmas*-level public consultations at the penultimate stage.

As a first step towards implementing the overall IPP framework, Kinerja and UNICEF held workshops in February and March 2016 to test the newly-completed IPP curriculum, by assisting DHO and *puskesmas* staff to develop draft RUK for 2017. The first of these workshops, in Jayawijaya, was attended by representatives from five *puskesmas* (Kinerja's former partner *puskesmas* – Hom-Hom, Hubikosi and Musatfak – plus Elekma and Kurulu) together with five DHO staff – one assigned to each health center.

With program support, the participants worked through 10 of the total 12 stages involved in developing and finalizing a RUK. The workshop produced some useful information regarding common challenges faced by health center staff, such as data gaps, which need to be filled in order to allow for full integration, and a lack of familiarity and/or experience with the IMP tools and, in some cases, the process involved in preparing a RUK. Despite these setbacks, all five *puskesmas* successfully produced preliminary draft RUK for 2017, while Kinerja and UNICEF used what they had learned from the workshop to improve certain aspects of the curriculum to make it more user-friendly.

Text Box 4: Twelve Stages in Developing *Puskesmas* RUK

1. Collect all relevant data from the previous year
2. Analyze the data (including discussions & brainstorming)
3. Identify existing gaps/problems/issues
4. Prioritize the gaps/problems/issues
5. Define the gaps/problems/issues
6. Determine the root cause(s) of the gaps/problems/issues
7. Establish ways to address/resolve the gaps/problems/issues
8. Determine overall *puskesmas* program targets, based on MSS and in line with district and provincial targets
9. Develop an initial RUK in table form
10. Translate into a draft RUK
11. Conduct a public consultation on the draft RUK to gather and incorporate feedback from the local community
12. Submit the final RUK to the DHO for review, assessment and approval

Following this first pilot workshop, Kinerja and UNICEF met with the PHO to arrange a TOT on the new IPP curriculum for members of the PHFT, which will take the lead in future to provide similar trainings for DHO officials and *puskesmas* staff. Having attended the first workshop in Jayawijaya as observers, seven PHFT members acted as co-facilitators at the second pilot workshop, which took place in Jayapura in

March 2016. They facilitated most of the workshop's sessions (using a Managing Sessions document that Kinerja and UNICEF had prepared to support them) and offered direct assistance to participants in preparing their draft RUK.

At the Jayapura training, representatives from four *puskesmas* (Depapre, Dosay, Harapan and Sentani) attended together with several DHO officials. As with the workshop in Jayawijaya, the participants in Jayapura produced preliminary draft RUK for 2017. The same outcome was achieved in Kota Jayapura, where Kinerja assisted health center staff (from Puskesmas Abepantai, Jayapura Utara, Kotaraja, Koya Barat and Tanjung Ria) and their DHO counterparts to produce draft RUK for each *puskesmas*.

In the third quarter of FY 2016, Kinerja supported the DHOs in Jayapura and Jayawijaya to organize the next step in the process - public consultations for the draft RUK. The consultations, which were held at the relevant *puskesmas*, were organized in collaboration with *puskesmas*- and district-level MSFs and attended by representatives from village administrations, local community members and other cross-sector health staff. The consultations provided all those present with the opportunity to review the draft RUK, discuss and confirm (where possible) funding sources for different activities contained within each plan and offer suggestions for additional activities to be incorporated if gaps were perceived to exist.

With all the feedback gathered, *puskesmas* staff then amended their draft RUK, where necessary, and finalized them before submitting them to their respective DHOs for approval.

After incorporating the community feedback, Kinerja facilitated a pair of two-day meetings - one in Jayapura and one in Jayawijaya - to enable senior program staff at each of the DHOs to discuss the draft RUK directly with the *puskesmas* staff who developed them and to conduct a thorough review, point by point, of the activities listed in them. This allowed for clarification to be given, as well as additional amendments made on the spot. Both workshops achieved their aims and all nine finalized RUK (four in Jayapura and five in Jayawijaya) received DHO approval.

In August 2016, after advocating to each district's DHO to integrate priority activities from the approved RUK into district work plans, Kinerja facilitated two more meetings – one in each district - between the heads of the *puskesmas* whose RUK had been approved and the DHO heads and other senior health office officials. After the head of each health center had formally presented their RUK to the head of the DHO and assembled division heads, agreement was reached on the activities that would receive DHO funding, and they were immediately incorporated into each DHO's 2017 work plan.

At the Jayapura meeting, during his closing remarks, the DHO secretary expressed his appreciation for Kinerja's support throughout the RUK-development process, and entered a recommendation into the DHO's planning documents for the health office's Management Program to replicate the IPP-based RUK development process in other subdistricts in 2017.

As mentioned previously, Jayapura was designated the single target district for completing this first trial of the new IPP mechanism (due to its familiarity with UNICEF's IMP tools). Therefore, Jayawijaya's achievement in securing the integration of five *puskesmas* RUK into the DHO's annual work plan is an additional and welcome achievement.

Efforts in Kota Jayapura, despite lagging behind the other two districts, also secured some initial achievement by the end of FY 2016. Progress on developing the five RUK was slower,

due to the emergence of data gaps during the initial trial workshop in March 2016. To address this, Kinerja conducted a follow-up workshop in May 2016, when the DHO and health center staff from the five *puskesmas* filled in the gaps and completed the draft RUK.

Kinerja had expected the subsequent step, of holding public consultations for each of the RUK, to take place early in the fourth quarter of FY 2016, but the head of the DHO instructed ITAT members to assist staff at the district's eight remaining *puskesmas* to also develop proposed activity plans. This commitment by the DHO to immediately replicate the IPP process at health centers across the district was excellent news, but it ultimately delayed the consultations of the original five health centers' activity plans.

The consultations for the five RUK were eventually held in early September 2016, after which final versions were submitted to the DHO for approval. As previously mentioned in Section 4.1, two of the RUK, for Puskesmas Abepantai and Kotaraja, were integrated into the DHO's draft 2017 work plan during an MSS workshop in late September 2016. It is hoped that the remaining three RUK will be similarly integrated early in the next quarter, but the timing will depend on how long it takes to finalize the district's eight new RUK.

These results represent a very positive beginning and provide a firm foundation for the continued application of Kinerja's new IPP mechanism in its target districts. In the hope of ensuring the mechanism's far wider application, Kinerja plans to draft a policy brief on IPP in the next quarter and, together with recommendations based on the challenges and lessons learned during this year's trial implementation, the program will support the PHO to advocate to MOH for the mechanism's adoption at the national level.

Text Box 5: U.S. Ambassador visits Papua to mark Kinerja's SBM launch

U.S. Ambassador to Indonesia Robert Blake visited one of Kinerja's newly-selected partner schools, SD Inpres Komba in Jayapura, on January 22, 2016, to mark the launch of the program's SBM intervention in Papua. Kinerja organized a radio talk show for the ambassador's visit entitled: "The Importance of Community Complaints to Improve the Quality of Education Services".

The talk show, which featured SD Komba's Head Teacher, school committee coordinator, a local village representative and Kinerja's Public Services Oversight Specialist, addressed some of the key issues and challenges in elementary education in the locality. The show was also broadcast live via three local radio stations (Radio Republik Indonesia Jayapura, Rock FM Jayapura and Radio Suara Kasih Papua [RSKP] Sentani).

One listener who participated in the phone-in expressed his appreciation for the improved cooperation between SD Komba's staff and committee members with members of the local community. Ambassador Blake said he was impressed with what he had seen and, during a question and answer session with local media, stressed the importance of all stakeholders working together to improve education services: "The involvement of the community and parents is what makes a difference".

Ambassador Blake also offered encouragement to all current and aspiring CJs by answering a question put to him by one of the CJs in attendance: "CJs like you are very valuable, especially in offering input on public services at the community level. I would strongly encourage the use of as many mechanisms [such as MSFs and CJs] as possible to increase community participation."

4.4 Implementing Public Service-Oriented SBM

Kinerja's public service-oriented SBM package supports participatory, transparent and accountable processes in school governance. It includes (1) the introduction of education MSS; (2) a community complaint index and school self-evaluation; (3) the participatory preparation of school plans and budgets involving school principals, teachers, school committees and community leaders; (4) the transparent and accountable application of these school plans and budgets; (5) the strengthening of school committees to oversee the implementation of the school plans; and (6) the strengthening of school committees to conduct advocacy where service charter implementation is lacking.

Before program implementation could begin, Kinerja, in collaboration with its education IO, IPPM, and three DEO partners undertook the process of selecting the 30 elementary schools (nine each in Jayapura and Jayawijaya, and 12 in Kota Jayapura) that would receive the SBM package, and assessing each of them on their existing performance.[44]

With the school-selection process completed by the end of December 2015, Kinerja intended to launch full implementation at the start of 2016. However, many of the program's activities were delayed for a further three months due to the time needed to secure IPPM's grant, which was approved in March 2016.[45] Nevertheless, a visit to Papua in January 2016 by the U.S. Ambassador formally marked the launch of the program's education component (see Text Box 5), while for much of the second quarter of FY 2016, Kinerja turned its attention to district-level stakeholders and provided capacity-building trainings for school supervisors in Jayawijaya and Jayapura.

The level of knowledge and capacity among the supervisors in Jayawijaya was, as expected, far lower than that of those in Jayapura, but Kinerja addressed this by tailoring the workshops to meet recipients' needs. In Jayawijaya, the training covered the main elements of the supervisors' responsibilities and tasks, and included several simulations, such as compiling a school supervision program, conducting supervision in an effective and efficient way, and compiling reports based on the results of their supervision. Kinerja also distributed material and handouts to the participants to assist them in their everyday tasks.

In their feedback, the Jayawijaya supervisors expressed their thanks to Kinerja, saying that they rarely received such assistance or guidance. After the training, Kinerja assisted the supervisors to develop the district's first-ever annual supervision plan, to ensure that the supervisors visited schools on a regular basis. When the plan was completed, it was submitted to the DEO to be incorporated into the district's annual work plan and budget.

In Jayapura, where the school supervisors had a better understanding of their role and tasks and undertook regular visits to schools, this initial training focused more on improving the management of school supervision. With supervision/activity plans already in place for 2016 and 2017, Kinerja encouraged the supervisors to review the plans and amend them, where necessary, to increase their effectiveness.

Kinerja conducted a similar training in April 2016 for district supervisors in Kota Jayapura, with officials from the DEO (including the DEO head) and Bappeda also in attendance. This workshop, like the one in Jayapura, was more of a refresher training for the eight supervisors, whose knowledge of their responsibilities, and capacity in undertaking them, were relatively sound. The workshop proved particularly useful, however, for the DEO and Bappeda in improving their understanding of the role played by school supervisors. It was generally acknowledged that the management of school supervision could be improved, especially in terms of analyzing the results of supervision visits, reporting and follow-ups.

The representatives from Bappeda were surprised to learn that the work of the supervisors, which they acknowledged was vital to improving the quality of education services in the

[44]Kinerja initially selected 27 schools, evenly divided into nine per district; but due to lower than expected baseline scores at the schools in Kota Jayapura, an additional three schools in the district were chosen during January-March 2016. Details of the school-selection process and baseline study are provided in Section 2.2.1 of this report.

[45] The only school-level activities that took place during this period were two complaint survey-related workshops at SD Inpres Komba in Jayapura, in December 2015 and February 2016, respectively. Details about these workshops, and other activities undertaken this year with demand-side stakeholders, are provided in Section 5.1.2.

district, did not receive sufficient funding from the DEO. As a result, it was jointly agreed that the supervisors would create an annual supervision/activity plan to be incorporated into the district's annual work plan and budget.

In order to strengthen the implementation of SBM and help ensure its sustainability well into the future, Kinerja used the momentum from these trainings to work in conjunction with its DEO and Bappeda partners to establish district-level education ITATs. A common complaint reported at each of the school supervisor workshops was the lack of DEO follow-up after supervision visits to schools; therefore, when Kinerja first approached them with the idea, both the supervisors and DEO officials agreed that the creation of these teams would help them to forge closer links and thereby improve the quality of their work.

Reflecting the DHO technical assistance teams that Kinerja helped to form in the health sector in 2015, the education ITATs contain school supervisors and senior DEO officials with decision- and policy-making authority. Also like their health-sector counterparts, each education ITAT is responsible for: (1) advocating for policies and budget funds to replicate SBM to additional schools beyond Kinerja's partner schools, and (2) providing technical assistance to partner schools to ensure that public service-oriented SBM is implemented fully and to a high standard.

After the ITATs were established, Kinerja conducted two introductory trainings - one on SBM and the other on MSS – for the three teams in May 2016, to prepare them ahead of their first technical assistance and monitoring visits to Kinerja's partner schools. Feedback from the ITAT members was positive, with participants in each district saying that the information provided offered a good foundation for the tasks they had to perform. Kinerja faced challenges, however, in Jayapura and Kota Jayapura, in terms of attendance (some of the ITAT members who were expected to attend were replaced by other LG staff) and, also in Jayapura, in terms of a perceived lack of commitment among a few of the participants.

After consulting with the head of the DEO in Jayapura, Kinerja set about restructuring the district's ITAT and an amended district head decree was drafted. By the end of September 2016, governing decrees for each of the new ITATs, detailing their various tasks and responsibilities and providing LG funds for their operational costs, were signed and issued in all three districts.

Later in the year, alongside similar provincial-level activities with the PEFT, Kinerja facilitated workshops for each of the district ITATs at the end of August 2016 to review new technical guidelines and a monitoring checklist that the program had developed. The guidelines, entitled "The Seven Pillars of Public Service-Oriented SBM", provide an extensive list of the key things that the ITATs need to check when conducting their monitoring and supervision visits to schools. Divided into seven sections, the guidelines cover everything from physical facilities and infrastructure to aspects relating to curriculum and learning, as well as relations between schools and their local communities. The guidelines also clearly indicate which elements relate to specific MSS.

All the ITATs were impressed with the guidelines and accompanying checklist. Following a thorough review of the material, the guidelines were finalized and supervision schedules drawn up to visit Kinerja schools in their respective districts. This first round of monitoring visits to all 30 schools was conducted in September 2016. The full results of these efforts will only be known in October 2016, when each team gathers to evaluate the visits, at which point the ITATs will prepare to follow up with the schools via a second round of monitoring.

With regard to the program's implementation with SDU-level supply-side stakeholders, efforts got underway in May 2016, when Kinerja and IPPM conducted a series of four-day workshops on MSS and school self-evaluations (*Evaluasi Diri Sekolah* – EDS) for school principals, school operators[46] and heads of school committees at 27 of the program's partner schools.[47] The dual purpose of the trainings was to improve the school managers' knowledge and skills on determining gaps between MSS targets and achievements using the Tools for Reporting and Information Management by Schools (TRIMS),[48] and how to conduct school self-evaluations based on the MSS results.

Most of the participants had little or no prior experience with MSS and/or EDS; in Kota Jayapura, for instance, only four of Kinerja's 12 partner schools had previously produced EDS. Nevertheless, by the end of the four days, each of the schools had produced evaluations as well as maps showing existing MSS achievements and gaps at their facilities. These were subsequently used – together with information gathered from the school complaint surveys and service charters – as the basis for the development of annual school plans and budgets in the fourth quarter of FY 2016.

Conscious of the intense schedule of trainings that were undertaken with school stakeholders (both supply and demand) since April 2016, Kinerja rounded off the third quarter of FY 2016 with refresher trainings on SBM for school principals, teachers and school committee heads at all 30 schools towards the end of June 2016. The three-day workshops provided a review of the various elements contained within the SBM package and gave participants an opportunity to reflect on what was working at their schools, as well as the challenges they faced and how those challenges could be addressed.

After a two-week hiatus in the first half of July 2016, when program staff were on leave for the Islamic festival of Idul Fitri, preparation got underway to accompany 65 LG and school stakeholders to Kota Probolinggo, one of Kinerja's former SBM districts in East Java, in August 2016. The four-day visit, which is described more fully in Section 3.2.3, proved a valuable experience for Kinerja's Papuan partners. By giving them the opportunity to visit three schools at a more mature stage of SBM implementation, the visitors began to appreciate what their own schools – and others in their districts - could achieve in terms of improving education services and standards. Before leaving East Java, Kinerja facilitated group discussions with all the participants, who produced a list of 50 good practices (based on what they had seen) that they felt could be transferred to their environments in Papua.

With enthusiasm still high among the program's school partners after the study tour, IPPM guided them through the process of participatory school planning and budgeting. Four-day workshops were provided, in August and September 2016, for school principals, operators, teachers and school committee heads from all 30 schools, plus local community leaders, to improve their understanding about school reporting and budgeting and to build their capacity to produce good-quality reports in a participatory way.

[46] School operators are chosen from a school's teaching or administrative staff to oversee and monitor school finances.

[47] Three schools in Jayawijaya (SD Asologaima, Minimo and Musatfak) were unable to send representatives to the MSS-EDS training as they had to attend a DEO-led curriculum training, which took place at the same time. Kinerja repeated the training for these schools on August 29-September 1, 2016, plus SD Hone Lama, Wouma and Wesaput, whose principals and/or operators did not attend the first training.

[48] Originally developed by the World Bank, the TRIMS were used during SBM implementation in several of Kinerja's core program districts.

During the trainings, the 87 participants took the results of the MSS maps, EDS, complaint surveys and service charters, which they had previously produced with Kinerja support, and developed mid-term work plans for each of their schools, together with annual work plans and budgets and annual financial reports. For some of the schools, this was the first time they had produced formal work plans and budgets, so IPPM will conduct follow-up mentoring in the next quarter to reinforce their learning and overall understanding.

Purely producing the planning and budgeting documents, however, is not a final step. In order to promote greater transparency and accountability, the schools are encouraged to publish their work plans and financial reports on their school notice boards, to allow all interested parties – including parents and local community members – to read and review them. During their first school monitoring visits in September 2016, the ITATs found that the majority of schools were already displaying the reports on their notice boards. In a few cases, however, either the reports were not being displayed at all or they were displayed on boards that were hanging in teachers' recreational rooms as opposed to outside in publicly-accessible areas. This is one of the issues that the technical teams will follow up on when they conduct their second round of monitoring visits to schools in the next quarter.

5. Achieving Substantial Civil Society Engagement

Complementing its support to supply-side stakeholders, Kinerja promotes civic engagement and establishes demand-side structures to build constructive working relationships between LGs and their respective communities, in which each side views the other as a necessary partner in improving public services. Kinerja's civil society engagement program for health is implemented in all four of Kinerja's original partner districts in Papua, while for education the program is implemented in three districts (Jayapura, Jayawijaya and Kota Jayapura).

5.1 Multi-Stakeholder Forums (MSFs)

5.1.1 Health

With program support, Kinerja's district and subdistrict MSFs have made great advances in their capacity and ability to undertake a variety of tasks since they were first established in late 2013. Kinerja's main objective throughout FY 2016 was to consolidate the progress made during 2014-2015, and to build upon that by further enhancing MSF capacity in order to improve their chances for sustainability beyond the program's lifetime. To this end, Kinerja and its MSF-support IOs, the Mothers' Hope Foundation (*Yayasan Harapan Ibu* – YHI), the AIDS Care Foundation (*Yayasan Peduli AIDS* – YAPEDA) and CIRCLE Indonesia, consistently undertook activities with the MSFs not only to reinforce the forums themselves but also to strengthen core aspects of their work.

The first step in this process was to strengthen the composition of MSFs at district and subdistrict levels. During the first few months of the year, Kinerja and its IOs conducted a series of workshops in all four districts to (1) determine the level of activity among forum members; (2) amend membership compositions by replacing non-active members with new ones; (3) further expand the membership of district-level MSFs with traditional (*adat*) and religious leaders;[49] (4) conduct refresher trainings on MSF roles, functions and responsibilities; and (5) develop new advocacy strategies and work plans for 2016.

[49] Prior to the current CE, Kinerja identified a number of potential new members for district MSFs from *adat* and religious communities who, during FY 2015, participated in a series of FGDs and trainings led by former Kinerja

Participants at each of the workshops actively engaged in the interactive presentations and discussions, which focused on local health-sector issues, monitoring and evaluating service charters and technical recommendations, strategic planning, and determining advocacy targets. Each of the workshops concluded with the MSFs being supported to develop short-, mid- and long-term action plans.

In addition to the above capacity-building trainings, Kinerja also conducted a two-day workshop in November 2015 to form and strengthen nine new *puskesmas*-level MSFs in Kota Jayapura. Pursuant to a mayoral decree on the establishment of the replication MSFs, which was signed in June 2015, the workshop resulted in all the MSFs being established and documentation covering their aims, objectives, roles and responsibilities being drafted. Participants at the workshop, which was also attended by the DHO and Bappeda, drew up initial work plans for 2016 (which were finalized by MSF coordinators in February 2016) as well as draft subdistrict decrees, to be signed by the heads of the five subdistricts where the *puskesmas* are located.[50] Although reaching this stage took longer than originally hoped, the feedback from all the participants was overwhelmingly positive, and the head of the DHO reiterated his commitment to allocate annual budget funds for the MSFs' running costs.

In addition to revitalizing the MSFs, Kinerja supported them to undertake a number of activities during the year to further strengthen their primary role as intermediaries between service providers and users to improve frontline health care. In line with the program's AWP, these activities were part of a two-track strategy to support consolidation and sustainability, by assisting the MSFs to evaluate: (1) the implementation of service charters and technical recommendations[51], and (2) the management of existing complaint-handling mechanisms, and, based on the results, improve and/or establish new mechanisms and introduce accompanying SOPs.

In relation to service charters, Kinerja's IOs supported MSFs in April and May 2016 to visit each of the program's 12 former partner *puskesmas* (three per district) to assess their levels of achievement and discuss with health-center staff what improvements had already been made and what still needed to be done. The monitoring confirmed that each of the *puskesmas* in Jayapura (Depapre, Dosay and Sentani) and Jayawijaya (Hom-Hom, Hubikosi and Musatfak) had achieved 100 percent implementation of the promises contained within their service charters. In Kota Jayapura, the evaluation found that Puskesmas Abepantai had achieved 100 percent implementation, as had two *puskesmas* in Mimika (Mapurujaya and Timika).

Of the remaining health centers, Tanjung Ria and Koya Barat (in Kota Jayapura) achieved 95 and 90 percent, respectively, while in Mimika, Puskesmas Limau Asri achieved 90 percent. During return visits to the three *puskesmas* in August 2016, the MSFs found that all of the outstanding issues, which included the need for an SOP to govern pharmacy procedures, guidelines on safe drug use and additional waiting-room seats, had been implemented.

Papua IO, the Independent Consultancy Foundation for People's Empowerment (*Yayasan Konsultansi Independen Pemberdayaan Rakyat* – KIPRa).

[50] Four of the subdistrict decrees (Abepura, Heram, Jayapura Selatan and Jayapura Utara) were signed and issued in April 2016. Kinerja plans to follow up with the head of Muara Tami Subdistrict early in the next quarter to try and ensure that the final decree is issued before the program's close-out.

[51] Due to the program's limited implementation timeframe, Kinerja decided not to conduct a new round of complaint surveys; hence the focus on evaluating existing subdistrict and district commitments following the original surveys which were conducted in 2014.

Alongside the subdistrict MSF evaluations of service charters, the district-level MSFs evaluated the extent to which technical recommendations had been implemented by their respective DHOs. After gathering the information in March 2016, MSFs in Jayapura, Kota Jayapura and Mimika met with senior DHO and Bappeda staff in August 2016 to discuss their findings and seek LG commitment to agree on follow-up plans to implement recommendations that had not been addressed.[52]

In Jayapura, the issues discussed included a lack of amicability among health center staff; a lack of health-service facilities (such as sub-*puskesmas* health posts) in villages; a lack of inpatient rooms at Puskesmas Depapre; and health center staff arriving late for work. In response, the DHO explained why some of these issues had not been resolved and agreed to conduct Service Excellence training for health center staff at its next work meeting (*Rapat Kerja* – Raker). At the end of the meeting, the MSF agreed to coordinate with all concerned stakeholders affected by the issues, while the DHO agreed to follow up on all outstanding recommendations. The two parties also jointly agreed to hold a further meeting to confirm a plan of action.

In Kota Jayapura, the MSF reported to the DHO and Bappeda that all the technical recommendations relating to Puskesmas Tanjung Ria had been implemented. At the same time, three follow-up recommendations were agreed on for Puskesmas Koya Barat: (1) to add operational fees for a minibus to transport *puskesmas* staff to work; (2) to install a sit-down toilet for expectant women; and (3) to enhance subsidies for health staff assigned to border areas. At Puskesmas Abepantai, the DHO agreed to write to the owners of a building that was previously designated to become a house for medical staff but still has not been released for the purpose.

In Mimika, the MSF compiled five recommendations, based on its discussions with the DHO in August 2016, which requested that the DHO (1) addresses problems with the head of Puskesmas Limau Asri who, based on staff complaints, is not considered a good manager; (2) officially inaugurates Limau Asri's new building, providing necessary medical equipment and electrical supply to make it usable; (3) provides an ambulance and mobile health-care service for all three of Kinerja's former partner *puskesmas*; (4) confirms the construction of a new building for Puskesmas Mapurujaya; and (5) issues a circular letter with clearly defined rules about *puskesmas* offering health services for 12 hours a day plus a system for paying staff salaries.

The second element of Kinerja's two-track strategy during FY 2016 was to support MSFs to evaluate the implementation of complaint-handling mechanisms, recognizing their importance in promoting greater community participation to help improve health-care services. The program initially planned to expand and reinforce the implementation of the SMS Gateway, which allows users to lodge complaints via SMS and service providers to receive those complaints in real time. However, Kinerja was forced to drop the SMS Gateway from its work plan objectives, and instead focus on more traditional mechanisms such as complaint/suggestion boxes.[53]

[52] In Jayawijaya, the MSF determined that 63 of a total 123 technical recommendations had been implemented by the DHO. There was no formal follow-up discussion with the DHO, however, as the MSF subsequently underwent a period of restructuring in September 2016, which included replacing the head of the forum.

[53] JERAT Papua, the locally-based CSO that was identified to lead the implementation, failed to fulfill the requirements of its grant application.

Kinerja's IOs followed on from initial trainings and FGDs, held during January-March 2016, to facilitate a round of two-day workshops in April 2016 for MSFs, DHO officials and *puskesmas* staff in all target districts. The aim was to ensure that each *puskesmas* has complaint-handling mechanisms in place and workable, good-quality procedures for dealing with complaints as they arise.

Most, if not all, *puskesmas* had mechanisms in place but were often failing to secure the desired improvements to health services and standards due to a lack of good management. Kinerja, therefore, assisted the participants to finalize complaint-handling SOPs for implementation at each *puskesmas*.

They also drafted the following three technical recommendations for their respective DHOs: (1) to form a complaint-handling team at each health center to manage and follow up on complaints; (2) to issue a policy instructing all *puskesmas* in a given district to implement complaint-handling mechanisms with local community involvement; and (3) to establish an annual Complaints Award for the best-performing *puskesmas* in managing and handling complaints.

The DHO head in Jayapura responded by issuing a circular letter in May 2016, instructing each of the district's 19 health centers to develop and implement complaint-handling mechanisms and accompanying SOPs, and to display service flows in waiting rooms to inform the public of their complaint procedures. Jayapura's new policy also includes an instruction to all the health centers to develop service SOPs. The acting DHO head in Jayawijaya made a verbal commitment during the district's workshop in May 2016 that he, too, would follow up on all three technical recommendations, but as of the end of September 2016, no formal instruction had been issued.

CIRCLE held workshops in all four districts in July 2016, which were followed by monitoring visits to all 12 *puskesmas* to check conditions regarding complaint handling. In Kota Jayapura, each of the three *puskesmas* had well-functioning complaint systems in place as well as clearly-displayed complaint procedures. Conditions were similar at the health centers in Jayapura, but in Jayawijaya and Mimika, the situation varied from one *puskesmas* to another.

At Puskesmas Hom-Hom and Musatfak in Jayawijaya, for instance, complaint-handling mechanisms had been established and were working well.[54] However, at the district's other *puskesmas*, Hubikosi, health center staff said they needed the MSF to install a complaints box. In Mimika, the complaints system was not working at Puskesmas Limau Asri, while at Puskesmas Timika, staff admitted there were problems with complaint flows, as not all staff knew about the complaints box. The heads of both health centers confirmed that they would follow up with their staff.

Also in Mimika, the head of the DHO responded to the July 2016 recommendations on complaint handling by formally issuing budget policy to allocate annual budget funds, from the DHO's 2016 budget, to replicate complaint-handling mechanisms at three non-partner *puskesmas* (Puskesmas Kwamki Lama, Timika Jaya and Wania).[55] Notably, the budget

[54] The MSF at Puskesmas Musatfak has even helped to install a complaints box in a local church to gather feedback from the congregation.

[55] By the end of September 2016, Puskesmas Wania had begun to replicate a complaint-handling mechanism.

allocation is also intended for the development of service SOPs at each of the replication health centers, as well as conducting MSS costing at the *puskesmas* level.[56]

To feed into these efforts, Kinerja's Media Specialist organized workshops for all the MSFs to design and print posters to distribute among health centers, health posts and health volunteers in their districts. They each designed one poster to encourage people to use complaint boxes, and another (either on TB or MCH) to encourage people to use their local *puskesmas*.

In line with this initiative, YAPEDA conducted a replication-MSF workshop in late September 2016 for representatives from each of Mimika's 13 health centers and several subdistrict administrations to disseminate MSF-based good practices, based on Kinerja's work with MSFs at its three former partner *puskesmas* in the district. Enthusiasm was high among all the participants at the idea of forming new MSFs in their subdistricts. Puskesmas Wania has taken the initiative by starting to establish a replication MSF, but is seeking more members. At the end of the workshop, the participants made a collective agreement to form MSFs at all the remaining health centers in Mimika, while the district MSF agreed to follow up with the heads of the relevant subdistricts.

As part of its efforts to further strengthen MSF capacity and promote long-term sustainability, Kinerja assisted forum members at both subdistrict and district levels to formulate policy recommendations to be put forward at subdistrict and district development planning meetings (*musrenbang*) in March 2016. The MSFs considered a range of health-related topics, such as SOPs, health workers' absenteeism, complaint handling and MSS, and then discussed particular problems affecting the delivery of services at both village and subdistrict levels. These were then developed to form policy recommendations,[57] which were submitted by a team of MSF representatives at the subdistrict *musrenbang*. In addition, the district MSFs formulated policy recommendations for the district-level *musrenbang*, which were submitted to their respective DHOs.

Another aspect of the program's capacity-building work was to support the district MSFs to complete and submit formal policy recommendations as part of their key role to advocate for health budget increases in their respective districts. YHI and YAPEDA conducted two-day follow-up workshops on budget analysis in September 2016 for the MSFs in Jayapura, Kota Jayapura and Mimika. Kinerja's IOs have provided a number of health budget-related workshops for the program's MSFs since they were established, but this was the time to put all that learning into practice.

The MSF in Jayapura focused its attention on district funding to fight infectious diseases (*Program Penyakit Menular* – PPM), specifically TB and HIV/AIDS. Having studied the district's existing health budget for 2016, the MSF members found that only 5.5 percent of the DHO's direct expenditure goes to PPM, resulting in less than 1 percent each going towards TB or HIV/AIDS. Therefore, they recommended that the district's budget allocation for PPM should be increased by 7 percent, in the hope that budget funds being directed to measures to tackle TB and HIV can reach 2 percent of the total direct expenditure.

[56] Kinerja's Service Standard Specialist conducted a two-day workshop in August 2016 for the DHO and staff from Kinerja's three former partner *puskesmas* plus the three replication *puskesmas*, to improve their knowledge and skills on how to calculate MSS costing. The DHO's aim in requesting the workshop is to use MSS costing to evaluate *puskesmas* RUK.

[57] The recommendations were grouped within three main areas: (1) the availability of health workers at *puskesmas*; (2) the fulfillment of MSS commitments in LG health budgets; and (3) increasing LG health budget allocations.

The MSFs in Kota Jayapura and Mimika adopted similar approaches, but in the interests of increasing their respective district's health budget to improve services in MCH. In Kota Jayapura, the MSF recommended that the district's health budget be increased from 7.6 percent to 10 percent. In Mimika, the MSF members called for the budget to be increased from 6.7 to 10 percent. After completing full documentation, which presented each MSF's argument and calculations, they were submitted to the DHOs for consideration.

Taken altogether, the several activities described above produced a total of 23 policy recommendations (Jayapura [6]; Jayawijaya [4]; Kota Jayapura [4], and Mimika [9]), all of which have been submitted to the DHOs.

As part of Kinerja's commitment to mainstream gender in all areas of its work, the program also conducted two stages of a three-part Women's Leadership Training (WLT) during FY 2016 (see Text Box 6 below).

Text Box 6: Kinerja provides MSFs with Women's Leadership Training

The first part of the training, which was held in Jayapura and attended by 38 women members of district and subdistrict MSFs from all four Kinerja districts, provided an introduction to topics such as gender and sex; gender equality and equity; how gender interacts with culture, tradition and religion, and women's rights.

The second training was held in Kota Jayapura at the end of July 2016. All except three of the participants had attended the first training in April 2016, and most took part in the mentoring sessions held between each stage of the training. This second stage focused on introducing social analysis to the participants, enabling them to analyze social problems from a gender perspective. Some of the issues analyzed included maternal mortality, domestic violence, early marriage, polygamy, and HIV/AIDS. The training also explored what it means to be a female leader who is also gender sensitive.

Kinerja's Gender Specialist also provided follow-up mentoring for the MSF members in-between each of the training stages. The purpose of the mentoring was to review the topics covered during the training and to see how the women were using what they had learned so far in their respective communities. Most of the women said they had discussed the information provided at the WLT with their families and close friends but felt they needed to learn more before advocating on gender-related issues beyond those confines.

One of the participants, *Mama* Ani Surabut from Musatfak subdistrict in Jayawijaya, said, however, that she was in the process of forming a women's group in her local area and that she planned to share all she learns from the WLT to encourage the group's members to advocate for change. The most positive news came from Pendeta Yohana, a church minister from Mimika, who said that due to attending the WLT, she felt confident enough to lead some of the sessions on gender equality and domestic violence that her church provides during prenuptial counseling.

The final training, which will take place in October 2016, plans to guide the women on how to become advocates for change. Overall, the program aims to strengthen the women's advocacy skills and to encourage them to take a leading role in lobbying for improvements in public service delivery, particularly in health.

As part of its efforts to promote MSF sustainability, Kinerja has long advocated that both district and subdistrict MSFs should be granted legal status. Not only would such a move provide MSFs with regular operational budget funding but it would also provide them with legitimacy as recognized LG partners, in a position to offer valuable input to the latter's efforts to improve health-care services.

The first breakthrough came in March 2016, when the district head in Jayapura signed and issued a *perbup* that had originally been drafted in June 2015, granting legal status to the district MSF for 2015-2020. This was followed in April 2016 by the signing of four of the five subdistrict decrees on the formation of the replication MSFs in Kota Jayapura.

Moreover, during a Kinerja-led coordination meeting in Kota Jayapura in April 2016, which was attended by the DHO, several *puskesmas* heads and the heads of Abepura, Heram and Jayapura Selatan subdistricts, the program learned that the MSFs in Heram had already undertaken a number of activities. These included attending cross-sector meetings in Waena

and Yoka, where two *puskesmas* are based, advocating for funding (for pregnancy classes and supplementary feeding programs for underweight babies) and assisting local health posts to implement some of their MCH program activities.

More good news came in September 2016, when three other subdistrict decrees – granting legal status to the three subdistrict MSFs assigned to Kinerja's former partner *puskesmas* in Jayawijaya (Hom-Hom, Hubikosi and Musatfak) - were signed and issued.

With CIRCLE's grant completed at the end of September 2016, and YHI and YAPEDA having now also completed field activities ahead of their grants ending in mid-October 2016, it is encouraging to see positive changes emerge, including shifts in attitude from LGs as they come to appreciate the beneficial role that MSFs play. For instance, the DHO in Kota Jayapura made formal provision for the active involvement of *puskesmas*-level MSFs in ITAT monitoring and supervision visits to health centers. This is a welcome sign that LGs are starting to appreciate the value of MSFs and recognizing that they should support them in an official capacity.

5.1.2 Education

Alongside its efforts with supply-side stakeholders during FY 2016, which are described in Section 4.4, Kinerja also facilitated a variety of activities - in conjunction with IPPM and CIRCLE - to build the capacity of demand-side stakeholders, both at the SDU and district levels.

While work was underway between October 2015 and February 2016 to choose elementary schools for SBM and then assess them via a baseline study, Kinerja focused on revitalizing existing DECs in each of the program's three target districts. Kinerja facilitated initial strategy meetings in December 2015 with DEC members and LG officials in Jayapura and Kota Jayapura, to explain the program's Papua-based plans regarding SBM, and to discuss developments in education in the two districts and key challenges facing local schools. Each meeting concluded with agreements reached about expanding each council's composition to include new members from the local community as well as *adat* and religious leaders.[58]

The restructuring and revitalization of the DECs followed almost immediately. In February 2016, Kinerja facilitated an audience for the newly-expanded Jayapura DEC with the district head, and the new members were sworn in. The district head also issued a revised *perbup* granting legal status to the new composition, which provides annual funding of IDR 231,600,000 (USD 17,400) to cover operational costs. Later the same month, Kinerja provided an introductory training for the DEC members to improve their understanding about their role and responsibilities, and to increase their knowledge about how the community can play a role in improving the delivery of public services. During the training, the DEC also finalized an annual work plan.

In Kota Jayapura, council members held a series of meetings during January-March 2016. Four of these meetings took place at Kinerja's Provincial Office, which allowed program staff to explain Kinerja's approach and to discuss different topics pertaining to education in general and education in Papua in particular. Following the DEC's restructuring and expansion, a draft mayoral decree on the DEC's new membership was submitted to the district's Legal Office for

[58] The members of the DEC in Jayapura were particularly enthusiastic about Kinerja's plans, explaining that they were keen to regain their former standing as the best DEC in Papua, despite slipping in recent years to 17th out of the province's 29 districts.

finalization and signature; however, as of the end of September 2016, the decree had not been issued.

After the two DECs were revitalized, CIRCLE conducted a series of five joint trainings between April and August 2016 to (1) improve their understanding about their responsibilities and tasks; (2) enable them to monitor the implementation of complaint surveys at the different schools in their districts and to prepare advocacy plans for following up the results of the surveys; (3) understand how to use the media to advocate for improvements in education services; (4) develop recommendations for DEOs with a focus on complaint mechanisms; and (5) develop strategic work and activity plans.

In contrast to the progress made with the DECs in Jayapura and Kota Jayapura, Kinerja and IPPM faced strong opposition from their counterpart in Jayawijaya. After holding two meetings with the Jayawijaya DEC between January and March 2016 to discuss revitalizing the council, a list of potential new members was agreed upon. Encouraged by this development, Kinerja facilitated an introductory training for the DEC in May 2016. However, despite receiving confirmation from all 17 members that they would attend, only three of them turned up and the training had to be cancelled.

Kinerja addressed this impasse by fostering links between other individuals and CSOs in Jayawijaya with a genuine interest in developing the district's education sector. The program facilitated a meeting at the beginning of September 2016 with 27 participants from the DEO, local NGOs, school supervisors, leading church, community and *adat* figures as well as members of school committees, CJs and an existing education forum.

After discussing ways in which civil society can help promote improvements in the education sector, the participants agreed to attend a follow-up workshop to improve their awareness and knowledge about the role local communities can play to help bring about positive changes. At the end of the workshop, the participants decided to form the so-called Education Concern Forum, and on September 14-15, 2016, they attended another CIRCLE-led workshop where they developed an advocacy strategy and action plan.[59]

Alongside these district-level activities, and in conjunction with the implementation of SBM-related trainings and workshops for service providers, as described in Section 4.4, Kinerja launched an equally intensive schedule of activities for demand-side stakeholders at the SDU level.

After completing the baseline study at all 30 elementary schools in April 2016 (details of which are presented in Section 2.2.1), Kinerja and IPPM set about expanding and revitalizing school committees in all three target districts. Of the total 30 schools, 17 school committees – six in Jayapura, three in Jayawijaya, and eight in Kota Jayapura - were revitalized with the addition of new members, including *adat* and religious leaders, women, youth and representatives from village administrations. Of the remaining 13 committees, four were judged to already have good structures in place and nine were re-established entirely.

As part of the process, IPPM conducted workshops for school and community representatives in each of the districts to increase their awareness and knowledge about the role and functions of school committees. Kinerja facilitated further workshops for school staff and committee

[59] This new forum is a great achievement, emerging as it did from a very difficult situation. However, coming so late in Kinerja's implementation schedule, the program is unable to offer any further support towards the forum's development. However, IPPM has been granted a no-cost extension (NCE) until the end of January 2017, so the hope is that it can provide some limited assistance to forum members as they launch their first activities.

members on good practices in SBM, based on the program's previous work in its former core provinces of Aceh, East Java, South Sulawesi and West Kalimantan.

IPPM then proceeded to hold capacity-building trainings for school committee members in May 2016, which included sessions on (1) the role and functions of school committees; (2) the importance of complaint surveys; (3) public service-oriented SBM and how school committee tasks fit into the overall package; and (4) the institutionalization of school committees through vision, mission and work plans. In Jayawijaya, a school committee member from SD YPPK Hone Lama remarked that Kinerja's material and training methods were far clearer than those provided at other trainings he had attended in the past and that, as a consequence, he now has a much better understanding of his own role and the importance of a well-functioning committee in helping to improve the quality of education services.

Text Box 7: Kinerja partner schools launch first service charters

All 30 of Kinerja's partner schools, in Jayapura, Jayawijaya and Kota Jayapura, launched their newly-developed service charters and technical recommendations at public signing ceremonies in August and September 2016.

More than 150 people attended the ceremonies, including school principals, DECs, committee heads, senior PEO officials, each district's DEO, Bappeda, legislators, district heads and village heads.

Both ceremonies were a great success, with the service charters and recommendations signed by school principals, and the heads of the DEOs, school committees and villages. The service charters were then returned to their espective schools, while the technical recommendations were submitted to the DEOs. All three DEO heads offered their appreciation to Kinerja and IPPM for initiating efforts to improve education services at schools in their respective districts.

Jayawijaya's district secretary, in his welcome address, said he very much appreciated the support for schools with the involvement of local community members, and he expressed his commitment to follow up on the technical recommendations produced by all nine schools.

The head of the DEO in Kota Jayapurasaid: "Today's event is something that we [the government] never expected. USAID-Kinerja has managed to create a new ecosystem in education management, where all partners are equally committed to improving education in Papua. [The attendance of] schools, school committees, village heads, and government representatives shows that there is a collective commitment to work together."

The heads of the Jayapura and Kota Jayapura DEOs also expressed their commitment to scale up the implementation of SBM to all remaining elementary schools in their districts plus junior and senior high schools as well. The PEO offered similar praise for the complaint-survey process, which culminated in the service charters and technical recommendations, saying that this was just the start in what would become the PEO's efforts to improve education throughout Papua. Members of each district's DPRD also promised to follow up on the technical recommendations by addressing the issues contained within them in the next round of budget talks.

After the capacity-building trainings, the program's focus turned to preparing school committee members and other stakeholders to conduct their first complaint surveys. In a series of two-day workshops for school stakeholders, village heads, local communities and DEO officials, Kinerja and IPPM provided refreshers on the concept, approach and practical application of SBM, and explained the process involved in conducting complaint surveys. The second day of training was aimed specifically at school staff, committee members and students, who collaborated to compile survey questionnaires.

With the preparatory workshops completed, 28 of Kinerja's 30 partner schools conducted their complaint surveys in June 2016,[60] which were followed almost immediately by a round of complaint analysis workshops. Dozens of participants attended each workshop, leading to the drafting of IPM, service charters and technical recommendations. Complaints ranged from lack

[60] SD Inpres Komba in Jayapura conducted its complaint survey in January 2016. It also completed a post-survey complaint analysis workshop and developed a public complaint index (*Indeks Pengaduan Masyarakat* – IPM). Meanwhile, Kinerja faced resistance from SD Wesaput in Jayawijaya, where teaching staff opposed the idea of holding a complaint survey. Follow-up discussions with the school resolved the problem, and the survey was completed in July 2016.

of facilities (no principal's room, no water in bathrooms) and a lack of resources (no science laboratories, not enough teachers, no libraries, overcrowded classrooms) to other issues such as poor levels of staff attendance and a lack of published financial reports.

Once all 30 complaint surveys were completed and IPMs were produced, Kinerja and IPPM assisted their school partners to draft service charters and technical recommendations, which were subsequently launched at public signing ceremonies on August 26, 2016 (Jayapura and Kota Jayapura) and September 9, 2016 (Jayawijaya) – see Text Box 7.

In addition to the collective enthusiasm on display at the signing ceremonies, the complaint surveys and complaint-analysis workshops also resulted in a substantial show of support by 13 village heads (seven in Jayapura and six in Kota Jayapura) for a corresponding number of Kinerja partner schools. For what was the first time for many, the 13 village leaders issued decrees between May and September 2016 confirming specific allocations of village funds to help the schools improve their facilities and infrastructure. The amounts range from IDR 15 million (USD 1,125), to help build a school fence and contribute to teachers' subsidies at SD YPK Kanda in Jayapura, to up to IDR 250 million (USD 18,750) to pay for new desks and chairs, repainting the school, a sports field and laying a paved walkway at SD Inpres Skow Sae in Kota Jayapura.[61]

While assisting the schools to prepare for their first complaint surveys, Kinerja also supported the DECs in Jayapura and Kota Jayapura to establish education forums, including DEC and school committee members as well as other education stakeholders, to become a platform to promote communication and collaboration between the district- and SDU-level entities with a view to improving the quality of education services at schools.

Initial meetings for the forums took place in June 2016, during which the participants (22 in Jayapura and 47 in Kota Jayapura) discussed some of the key issues and problems affecting their districts, such as the legal status of land on which many schools are built; the need to improve standards and capacity among school supervisors; and schools' obligations to publish school-related information (such as IPM, service charters, financial statements and school plans and budgets) on school notice boards. Enthusiasm was high among participants in both districts, and their early commitment to hold regular meetings continued through to the end of September 2016.

In Jayapura, forum members met with the DEO secretary and Bappeda officials in August 2016 to discuss the results of the recent ITAT monitoring visits to Kinerja's nine partner schools in the district and to review the results of the complaint surveys conducted by the schools. Those present developed a list of strategic issues and priorities for follow-up in order to improve services at each of the schools. Fourteen key issues were identified as priority areas to improve education services, including school safety, facilities and infrastructure, teachers' absenteeism, the need for greater transparency, accountability and participation regarding school finances, fulfilling MSS, and improving capacity among teaching staff via accreditation and training schemes. All the issues were recorded and a follow-up plan agreed, which included incorporating strategic issues into the ITAT's monitoring tool as a reference for supervision

[61] Five village heads in Jayawijaya also expressed a commitment to assist locally-based schools, but so far they are in the form of recommendations only, rather than formal decrees.

visits to schools. Notably, the DEO secretary also confirmed at this meeting that the LG planned to replicate Kinerja's public service-oriented SBM at all schools across Jayapura.[62]

The Jayapura DEC and forum members also put into practice what they had learned during the year when they attended a meeting with the district head and legislators from the DPRD. At the meeting, the DEC and forum members submitted 11 policy recommendations that they had developed together with members of the district's education ITAT in previous meetings. Of the 11 recommendations, four were discussed in greater detail: (1) logistical support for the DEC through the provision of office space and operational funding; (2) the introduction of a new regulation on education, with a focus on SBM; (3) a request by the DEC to participate in district-level *musrenbang*; and (4) the replication of Kinerja's approach in education across the district, especially in SBM and MSS.

The district head responded well to the various recommendations, although the limited time available did not allow for an extensive discussion or any meaningful follow-up with the DPRD members. Kinerja is now assisting the DEC to develop three of the recommendations further, by helping to complete the requisite documentation relating to its request for logistical support, drafting a decree on model schools (based on the results of the recent ITAT visits to Kinerja's partner schools in Jayapura), and helping the DEC to coordinate with the DPRD to develop the regulation on education and SBM.

The DEC in Kota Jayapura also met with DEO officials and other education stakeholders, at the end of September 2016, to discuss current progress on SBM implementation. The meeting was short and did not allow for a great deal of in-depth discussion but the DEO confirmed that it would continue to monitor the development of SBM at Kinerja's 12 partner schools via its ITAT. More significantly, the DEO also confirmed that it planned to replicate Kinerja's SBM package to 12 new elementary schools in the district in 2017, to which the DEC offered to assist with the expansion and revitalization of the schools' committees.

5.2 Using Media to Advocate for Improved Public Services

Kinerja's media strategy during FY 2016 built upon past achievements by adopting a multi-stakeholder approach that focused on building relationships with mainstream media to cover PSD issues, training and mentoring CJs, and connecting supply- and demand-side stakeholders. Kinerja also fostered links between CJs and mainstream media outlets to provide access to broader audiences and to raise public-service issues that might otherwise have gone unreported in both the health and education sectors. This strategy ensured that Kinerja's interventions in health and education attracted broad media support and reinforced the program's overall objective to improve services and standards in the two sectors.

Working in collaboration with its media IO, the Indonesia Association for Media Development (*Perhimpunan Pengembangan Media Nusantara* - PPMN), Kinerja fostered the production of a variety of citizen and mainstream journalist articles during the year. Many of these articles resulted from a series of media tours to schools and *puskesmas* that the program facilitated between January and September 2016. These articles appeared both in local print and online news media, such as *Suara Papua*, *tabloidjubi*, *Harian JUBI*, *Timika Express* and *Suluh Papua*, and national media, including *Kompas*, Antara and *The Jakarta Post*.

[62] The head of the Jayapura DEO issued a circular letter on September 23, 2016, instructing all schools in the district – particularly elementary schools – to begin implementing SBM. (This will be counted as an achievement by the M&E team in the next quarter, once supporting documentation has been received).

A total of 80 talk shows were aired during FY 2016 by the program's local media partners in all four districts. The wide range of issues covered in these broadcasts included:

- PG support to accelerate development in basic education through MSS;
- Integrated technical assistance to improve health-service quality at *puskesmas*;
- Complaint-handling mechanisms and the importance of community feedback;
- *Puskesmas* optimism in improving basic services in MCH;
- *Puskesmas* accreditation;
- Applying MSS to improve health and education services; and
- Working towards a proportional distribution of teachers.

Of these 80 talk shows, which featured a cross-section of representatives from LGs, MSFs, schools, *puskesmas* and CSOs, 70 were aired on radio and 10 were interactive television discussions broadcast on TVRI Papua. Talk shows have consistently proved to be an ideal medium not only in providing information to the public about various topics but also in offering them a platform through which they can engage with experts and offer their own input and opinions.

One example of this was an outdoor talk show, broadcast from Puskesmas Hom-Hom in Jayawijaya in May 2016 by Radio Republik Indonesia (RRI) Wamena, which dealt with the topic of complaint-handling mechanisms as a way to improve community health services. During the recording, local people arrived at the health center, and seeing the talk show going on, a few spontaneously joined in the discussion. One of them, *Ibu* Lusi Sela asked: "What's the point of the complaints box?" She then proceeded to share her own personal complaint about the number of *puskesmas* staff who turned up late for work. Another community member, *Bapak* Sandy Tabuni, suggested that when the contents of the complaints box inside the *puskesmas* were removed, an official from the DHO should be present, along with *puskesmas* staff and members of the local community, so that they could all check the complaints and work together to seek solutions.

The sense of inclusion that such broadcasts offer local people was conveyed during another of RRI Wamena's outdoor talk shows at one of Kinerja's partner schools in Jayawijaya, SD YPPK Hone Lama. A community member who attended the talk show said how much he appreciated Kinerja for facilitating an event that allowed the local community to discuss issues concerning the school directly with students and other relevant stakeholders.

Another fundamental element in Kinerja's media strategy this year was the facilitation of quarterly meetings with CJ collectives - known in Jayapura and Kota Jayapura as the Papua Family of Journalists (*Ikatan Keluarga Jurnalis Papua* – IKJP) and in Jayawijaya as the Jayawijaya Journalists' Forum (*Forum Jurnalis Jayawijaya* – FJJ). The meetings, which are also attended by school and *puskesmas* staff, DECs, school committees, MSFs, LG officials and mainstream media personnel, provide a platform for participants to discuss current issues in health and education and to identify focus points for further advocacy.

Some of the topics discussed at these meetings during FY 2016 included discipline among health workers; ITAT monitoring and supervision of *puskesmas* to improve the delivery of health-care services; the importance of achieving MSS in health and education; and the role played by school supervisors in safeguarding the quality of education services. After attending IKJP meetings in Jayapura and Kota Jayapura in June 2016, journalists from *Kompas* published two articles, one on health-related issues in Papua and the other on education.

The IKJP/FJJ gatherings were also the starting point for the media tours, which Kinerja launched in the second quarter of FY 2016. The aim of the tours was to provide an opportunity to its CJ and mainstream media partners to see first-hand actual conditions at schools and *puskesmas* and to learn more about the challenges they face. To mark the launch of its public service-oriented SBM intervention, Kinerja used the initial media tours in March 2016 to raise the profile of its work in the education sector. The trips were welcomed by the journalists, who produced a number of articles about what they had learned. One of these articles, following a visit to SD Inpres Abeale 1 in Jayapura, appeared in *Kompas*, while *The Jakarta Post* published an article based on a visit to SD Inpres Nafri in Kota Jayapura.

During the remaining two quarters of FY 2016, professional journalists (from *Kompas*, *Harian JUBI*, *Cenderawasih Pos*, *Bintang Papua* and TVRI), together with their CJ counterparts and representatives from Kinerja IOs CIRCLE, PPMN and IPPM, undertook further visits to a number of Kinerja's partner schools and former partner *puskesmas* in all three districts, including: SD Inpres Depapre, Komba, Kanda, Amai, Yepase and Puskesmas Depapre, Dosay and Sentani (Jayapura); SDN 1 Hamadi, 6.88 Yabansai, and Puskesmas Tanjung Ria, and Waena (Kota Jayapura), and SD Inpres Minimo, Wesaput, YPPK Musatfak and Puskesmas Hom-Hom, Hubikosi and Musatfak (Jayawijaya).[63]

The value of the media tours has been two-fold. Not only have they acted as an information gateway by highlighting specific issues that the media then releases to the public, they have also provided on-the-job training for Kinerja's CJs to improve their journalistic skills and hone their craft. This has led to higher standards in much of the work that CJs have produced during FY 2016. Moreover, the support and collaboration that the CJs gain from the IKJP/FJJ groups, which has also led to the building of stronger ties with mainstream media counterparts, has resulted in a greater sense of purpose and dedication among many of them. In January 2016, two print media outlets, *Salam Papua* and *Harian Papua*, which had never before been involved in Kinerja's media activities, started to request CJ articles, as they appreciated the skills and capabilities that Kinerja's CJs possessed.

Without doubt, the case that had the most significant impact during FY 2016 resulted from the publication of a CJ article in May 2016 concerning Jhon Ungirwalu, the head of Puskesmas Musatfak in Jayawijaya. The article, which was published on the *tabloidjubi* website, reported on the dire state of services at the health center due to Ungirwalu's frequent absence. Members of the local community were also upset as the *puskesmas* was often closed, meaning they had to go elsewhere for treatment. The CJ and his media colleagues began to investigate and uncovered allegations that Ungirwalu had misappropriated public funds. The acting head of the DHO appeared on an RRI Wamena talk show, facilitated by Kinerja in June 2016, during which several people rang in to ask what Ungirwalu's status was, and whether he was still the *puskesmas* head. In response, the acting DHO head announced that he would remove Ungirwalu from his post and replace him as soon as possible.[64]

In addition to building the capacity of its existing CJs, Kinerja also launched a new Youth Journalist (*Jurnalis Cilik*) program during FY 2016 to help inspire the next generation of CJs. Following a media tour to her school in March 2016, the school principal of SD Negeri Wamena in Jayawijaya asked Kinerja and PPMN to hold a writing/CJ training for some of her

[63] In September 2016, the media tour to SD Inpres Minimo and Puskesmas Hom-Hom in Jayawijaya was conducted in conjunction with the joint visit to Papua by USAID, Bappenas and MOHA (see Section 3.1.3 for details).

[64] Following the revelations, *Pak* Jhon was removed from his position and in September 2016, an interim head was assigned to take over at Puskesmas Musatfak.

staff (18 teachers) and students (26 from grades 5 and 6). The preliminary training was enthusiastically received, and the school principal now awards extra credit to members of her teaching staff who have articles published or write on a topic that is picked up for a radio talk show. In April 2016, with SBM implementation fully underway, Kinerja launched monthly mentoring sessions at SDN Wamena, and expanded the Youth Journalist program to SD Abeale 1 (grades 4 and 5) in Jayapura and SDN 6.88 Yabansai (grades 3 and 4) in Kota Jayapura.

The purpose of the program is to improve students' knowledge and skills in uncovering and communicating information. Given the obvious emphasis on language, it is also intended to help students improve their reading skills. As the students are at elementary school, the information is fairly basic but, nevertheless, it begins as any journalistic training would by teaching them the "5Ws/1H" (who, what, when, where and why, and how).

The focus during the initial monthly sessions was to teach the students how to write interesting stories and then read them out to their classmates. Drawing on the "Check my School" program from the Philippines, the main practical exercises in the earlier sessions was to have the students explore their schoolyards and find objects and things that they could write about. In more recent sessions, conducted in August 2016, instruction progressed to having students conduct interviews (SD 6.88 Yabansai) and reflect upon and write about "difficult" issues, such as bullying and violence against children (SD Abeale I).[65]

Other sessions conducted at all three schools have included learning how to take good photographs and writing captions for them, and introducing students to media professionals (from *Kompas* and Antara) to allow them to learn more about the realities of working in journalism. The popularity of Kinerja's Youth Journalist program, among both students and teachers, has increased during the year. At a mentoring session at SDN Wamena in August 2016, for example, almost twice as many students (45) turned up for the training than had done previously. Moreover, inspired by their own progress, some of SDN Wamena's students have begun to submit short stories to their local radio station, RRI Wamena, to be read out on air.

Towards the end of the year, word of the program's success also spread to SD Inpres Minimo, one of SDN Wamena's neighboring schools in Jayawijaya. Following a request by SD Minimo's principal, who recognizes how valuable the Youth Journalist training is for student development, Kinerja conducted an initial training in September 2016 for eight of the school's grade-6 students. Just this one session produced excellent results, as many of the students could be seen visibly gaining in confidence by having to stand up in front of their classmates and read out their first stories.

To support Kinerja's efforts, program staff produced a small, illustrated booklet in September 2016 that will be distributed among partner schools and DEOs early in the next quarter. Entitled *Becoming a Youth Journalist: Care about your School*, the booklet provides a step-by-step guide for teachers on how to implement the Youth Journalist program in their schools. It also offers budding journalists useful tips on how to conduct interviews, the right questions to ask and how to write well.

[65] News reports of cases of violence against children have become increasingly common in Indonesia. Kinerja and PPMN spent a large part of the session discussing the issue with the children and educating them on things to look out for and what they could do if faced with an event of that kind. The program also distributed copies of a book entitled *I'm a Brave Child, I Can Protect Myself*, which is endorsed by the University of Indonesia's psychology faculty and the Ministry of Women's Empowerment and Child Protection.

One group of CJs that continued to thrive during FY 2016 was the Mimika-based CJ and filmmaking community, Komunitas Yoikatra. Previously supported by Kinerja via its former media IO, Forum Lenteng, Yoikatra held a three-day public showcase in March 2016, which included discussions and a talk show on MCH and domestic violence. Posters, photographs, articles and other media and art pieces produced by the CJs were displayed, and documentary films were screened. A talk show on day two of the event, which discussed the work of the P2TP2A in assisting survivors of domestic violence, was attended by around 120 people, including representatives from the LG, PT Freeport Indonesia, local health facilities and universities. The talk show was also broadcast live on Radio Publik Mimika (RPM).

Text Box 8: Komunitas Yoikatra wins Eagle Documentary Award 2016

Kinerja's partner CJ and filmmaking community in Mimika, Yoikatra, was confirmed as one of this year's five winners of the Eagle Award Documentary Competition (EADC).

The EADC, which was established in 2005, provides a forum for film enthusiasts and novice documentary filmmakers across Indonesia to use cinematography to highlight and comment on important social issues. With the theme of this year's competition entitled Healthy Indonesia, Yoikatra submitted its proposal for *Mama Amamapare*.

After progressing through several rounds of voting, the Eagle Institute announced in July 2016 that Yoikatra had been chosen as one of the five winners of this year's competition. The prize took the form of a scholarship, which allowed each of the recipients to receive intensive mentoring from Eagle's senior filmmakers to turn their award-winning proposals into completed, polished films.

Yoikatra's 24-minute film tells the story of *Mama* Yakoba, a traditional birth assistant from Amamapare Village in Mimika, who, despite the hardships in her own life, remains committed to helping women through the rigors - and sometimes dangers - of childbirth. The film highlights the important role that *Mama* Yakoba and others like her play in an area where the availability of more formal health-care services is extremely limited.

Shooting and post-production was completed by the end of September 2016, and *Mama Amamapare* is due to be screened, together with the other four Eagle award-winning films, at a gala event in Jakarta in October 2016.

In addition to showcasing some of its new work, one of Yoikatra's films from 2015, *Tiga Mama, Tiga Cinta*, which received critical acclaim both at home and overseas, was screened several times as part of Celebrate Diversity Film Week that took place in Jakarta in May 2016.

Later that month, Yoikatra lost its office and filmmaking equipment in an arson attack during an outbreak of inter-communal violence in Timika. Fortunately no one was hurt in the incident, but it severely impacted Yoikatra's progress on new filmmaking projects. However, in June 2016, Yoikatra was notified that the proposal that it had entered for the prestigious Eagle Awards Documentary Competition (EADC) had made it to the last round of 10. This was followed by even better news in July 2016, when competition organizers announced that Yoikatra was one of this year's EADC winners (see Text Box 8 for details).

Yoikatra got back to work as soon as it could, and completed production, in collaboration with Kinerja's media IO, PPMN, on two new short documentary films, both of which look at health-sector issues. Kinerja organized a screening of the two films at an event in Mimika in September 2016, which was attended by Bappeda and DHO officials, MSF members, CJs and mainstream media. One of the films, *Dalam Perjalanan ke Gereja* (On the Way to Church) focuses on the role played by a local religious leader in contributing to efforts to improve health services, while the second film, *Untuk Kampung Kami* (For Our Village) focuses on representatives from the Mulia Kencana village administration and how they use village funding to support their local MSF to improve health-care standards. Both the films are available to watch on YouTube (click on the hyperlinks above), while Yoikatra is currently in the process of completing a further three documentaries, one of which addresses the issue of domestic violence.

Efforts to raise awareness about domestic violence and GBV became an important element of Kinerja's work later this year. In addition to several GBV-related activities in May and September 2016 (as described in Section 4.2 of this report), the program facilitated a talk show on TVRI Papua, which was broadcast in August 2016, to allow viewers to learn more about Mimika's P2TP2A integrated services team. The talk show was followed three weeks later by a media tour to the P2TP2A team's office as well as Puskesmas Timika, which comprise the two principal entities for the handling of GBV cases in Mimika.

The visit to P2TP2A was hosted by the team's Executive Coordinator. She informed the CJs, mainstream media professionals and DHO officials in attendance that from January through mid-August 2016, the integrated services team had handled 44 cases of domestic violence; of these, 30 had been successfully resolved by conducting mediation with all parties involved. Of the remaining 14 cases, some had been reported to local police to investigate, while a few were undergoing court proceedings.

By way of highlighting the challenges the P2TP2A faces in its work, *the Executive Coordinator* reported that not only does Papua have the highest levels of GBV in Indonesia, but Mimika has the highest levels of GBV in the whole of Papua. She also explained that a substantial number of cases involve employees of the locally-based PT Freeport Indonesia. Often these cases amount to neglect, when the men leave their families to go work at the mine, and then in some cases remarry. However, she said that Freeport was supportive of their efforts to combat GBV, and that they now have a Memorandum of Understanding (MOU) with the police, ensuring that any employee under investigation for allegations of GBV would be suspended. If that employee was found guilty in a court of law, then Freeport would fire them.

During the visit to Puskesmas Timika, a Counseling Nurse showed the journalists and DHO staff the clinic's examination and counseling rooms, plus a separate area that has been specially decorated for children to feel relaxed and play, while their mothers are being examined or treated. *The Nurse* also explained that the *puskesmas* has a 14-member team to handle GBV cases, and that they aim to provide a safe space for survivors of violence, as they have to try to persuade them to tell their stories.

The CJs and media professionals were grateful for the opportunity to learn more about the incidence of domestic and gender-based violence in Mimika and obtain a better understanding of some of the measures being taken to address it. Given the magnitude of the problem in Papua, and the relative lack of awareness about GBV among the wider population, Kinerja will facilitate a workshop in November 2016 for mainstream journalists from the program's four districts to improve their understanding about the issue as well as increase their capacity to report such cases in a more gender-sensitive way.

With less than three months remaining before the program enters its close-out phase, Kinerja has approved a one-month NCE for PPMN (through until mid-November 2016) to enable the organization to continue providing mentoring support to CJs to reinforce their sustainability plans.

6. Program Management

Kinerja Papua's 18-month extension began on September 30, 2015, and continues until March 29, 2017. With the focus now entirely on Papua, the composition of Kinerja program staff was restructured at the start of FY 2016. A relatively small team of 13 staff (including Kinerja's COP, senior PSD and governance advisors, communications, administrative and finance staff)

was based at the National Office in Jakarta, while a more substantial team of 26 staff (16 at the provincial level, including the Papua Program Manager and technical specialists, and 10 at the district level) was based in Papua.

By the end of December 2015, Kinerja filled all provincial positions and mobilized newly-recruited and existing technical and administrative staff to the Papua Provincial Office, which is located at the PEO's office complex in Kota Jayapura. District-level staff, who are based at partner DEO/DHO offices in Kinerja's four target districts, were recruited (primarily for education) and mobilized according to the same timeline.

Internal staff rotations have been an ongoing challenge throughout FY 2016, with the program responding to a total of five staff resignations during the year. Kinerja successfully recruited replacements from former core program staff to fill four of these positions. Kinerja decided not to recruit a new M&E Specialist, who resigned in December 2015, and instead promoted the existing M&E Assistant who had proved his ability to fulfill the role.

In April 2016, Kinerja recruited two additional staff: one was hired to fill the newly-created position of SBM Specialist, to support IPPM to accelerate the implementation of public service-oriented SBM at Kinerja's 30 partner schools, while the other was a Bookkeeper, who joined the finance team in Papua to assist the Finance Officer with everyday financial tasks. This brought the total number of provincial-level staff in Papua to 17.

In August 2016, Kinerja's Senior Health Specialist announced that he, too, would be leaving the program, in September 2016. However, after discussions with Kinerja's senior management, his date of departure was revised to October 7, 2016. With so little implementation time remaining thereafter, the program has decided not to seek a replacement. Instead, Kinerja's Junior Health Specialist will be promoted and will assume any outstanding tasks and responsibilities.

In addition to addressing these staffing issues, Kinerja underwent an audit in March 2016. A five-member team from USAID's Office of Acquisition and Assistance (OAA) and Office of Financial Management (OFM) conducted a limited financial review of the Kinerja Papua program as part of USAID/Indonesia's routine monitoring of the management and accounting of U.S. Government funds. The USAID team conducted the review at Kinerja's National Office in Jakarta, Provincial Office in Papua and RTI's Asia Regional Office in Jakarta.

The overall results of the financial review were positive. The review team was satisfied with the program's accountability and eligibility with regard to costs incurred, as well as the adequacy of internal controls and compliance with terms, rules and regulations.

The review team's findings and recommendations, which were submitted to Kinerja in the third quarter of FY 2016, were as follows:

- Need to track and report funds for the Papua CE separately according to each funding source (health, democracy and governance, and education) in the field;
- Pay monthly telephone and internet bills via one electronic fund transfer (EFT) directly into the provider's (Telkomsel) bank account;
- Strive to meet expected/confirmed attendance of participants at trainings and workshops;
- Rather than striking out dates on staff travel request forms, amend travel authorizations and move them through an approval process to ensure that the travel authorization procedure is not misused;

- Also with regard to travel authorization, cross-reference advance vouchers and settlement vouchers to ensure that each advance is liquidated according to accepted procedures; and, in order to prevent negative and long-outstanding advances, ensure that staff repay advance monies received in a timely fashion and submit "proof of payment" documentation.

The review team went beyond the formal requirements of cooperative agreements and also suggested that Kinerja should update its inventory system to include items costing less than USD 5,000, and to clearly mark each of them with a sticker bearing USAID's logo.

RTI formally accepted the OAA and OFM's findings and recommendations, and Kinerja staff have amended their working practices accordingly.

Looking ahead to the next quarter, Kinerja will prepare to close its district offices in Papua in November 2016, and Provincial Office in December 2016, in line with its extension work plan. The Jakarta-based staff, meanwhile, will prepare to initiate the program's close-out procedures.

6.1 Grants Management

During FY 2016, Kinerja continued to implement programmatic activities through IO partners, most of which were Papuan organizations. The program provided grants to the following six CSOs:

Area of Expertise	Intermediary Organization
Education	IPPM
Media Support	PPMN
M&E	Solidaritas
MSF Engagement	YAPEDA
	YHI
MSF-IO Support	CIRCLE Indonesia

Kinerja originally intended to also provide a grant to JERAT Papua, a locally-based organization that was earmarked to provide media support to the program's CJs as well as, more crucially, develop an SMS Gateway complaint-handling mechanism. However, Kinerja cancelled this plan early on in the year due to JERAT's continuing delays during the grant-application process to provide evidence of their success in managing an SMS Gateway system. With technical implementation already underway and no other suitably-experienced CSO available at such short notice, the program dropped its plan to introduce the SMS Gateway system altogether.

In October 2015 Kinerja signed contracts with four IOs: CIRCLE Indonesia, PPMN, YAPEDA and YHI, and inducted them in November 2015. Grant approval for IPPM and Solidaritas took longer than anticipated to secure, but both their contracts were signed by the end of March 2016.

In terms of contract expiry, CIRCLE's grant ended as originally planned at the end of September 2016. At the same time, YAPEDA and YHI both completed field-based activities with MSFs in order to produce their final reports, and any other outstanding deliverables, before their grants end, also as planned, in mid-October 2016.

Given the delay in obtaining grant approval for IPPM, which in turn delayed the implementation of Kinerja's SBM intervention, the program has granted IPPM a no-cost extension (NCE) from its original contract end-date of mid-October 2016 to the end of January 2017. This will allow IPPM to continue to support Kinerja's school partners, with the particular aim of assisting school committees and DECs to monitor the implementation of service charters and technical recommendations, respectively.

In order to provide additional support to Kinerja's CJs, the program has also approved a one-month NCE for its media IO, PPMN. The organization's grant will now run through to mid-November 2016.[66]

Solidaritas' grant, meanwhile, remains on schedule to end on February 28, 2017.

6.2 Cost Share

Kinerja has fulfilled its cost share requirement.

7. Summary of Challenges and Next Steps

Kinerja faced a number of internal and external challenges in FY 2016, although most of them revolved around one common theme – time, or the lack of it. The overall program design presented an inherent challenge with its limited 15-month implementation period, given that this CE was not merely an extension of what had gone before but was also an expansion. Not only did the program add an education component to its ongoing work in the health sector, it also engaged with an additional layer of government partners, at the provincial level. The result was a program that was altogether more complex with a variety of different elements contained within it, which would necessitate strong commitment not only among Kinerja staff but also among partners and collaborators to ensure the fulfillment of the program's aims and objectives.

One of these objectives was affected in the first quarter of FY 2016, when Kinerja was still exploring the possibility of working with JERAT Papua. Ultimately, for the reasons set out in the Program Management section above, the program had to take the decision to drop JERAT Papua as the program's media and SMS Gateway IO, which resulted in none of the planned SMS Gateway activities being conducted.

Staff rotations were an additional challenge that emerged throughout the year. At the start of FY 2016, there was a great deal of staff movement as the program followed the different requirements laid out in the CE, which included working in a new sector and positioning the majority of the team in Papua. This included staff ending their contracts, new staff being recruited for Papua, and staff mobilizing from the Jakarta office to the Papua office, which impacted the program just at the time when implementation for Kinerja's CE began.

[66] Kinerja previously approached the Papua branch of the Alliance of Independent Journalists (AJI) to discuss the provision of ongoing support and mentoring for CJs, but AJI was not receptive to the idea.

This was compounded by the resignation of five Papua-based staff, three of them in December 2015 alone. Fortunately, Kinerja was able to recruit suitably qualified staff quite quickly for three of the positions and, for the reasons mentioned in the Program Management section above, the program decided not to hire replacements for the remaining two positions.

Field implementation began to be affected in December 2015 as LGs began to prepare their local budget plans in the lead-up to the end of the fiscal year, which limited their availability to participate in program activities. As a result, a number of events were attended by far fewer participants than had been anticipated, and in some cases forced program staff to implement additional activities to be able to accommodate the busy schedule of key personnel and decision makers, thus adding to an already busy schedule.

More problematic for the program's overall implementation was the assigning of new staff members among Kinerja's IOs. Four out of five of the program's implementation grantees were CSOs that worked with Kinerja in Papua prior to the CE; however, some of the IOs appointed new staff members at the start of the extension. Although the IOs received a thorough induction in November 2015, the loss of historical knowledge about Kinerja's work and approach and a lack of understanding about their own roles and tasks in some cases slowed the pace of implementation. Program staff addressed this by holding regular meetings with IOs to provide them with additional support and mentoring where necessary, although this added to their already heavy workloads.

During the second quarter of FY 2016, Kinerja began to encounter graver challenges, some of which caused substantial delays to certain areas of its programming. First and foremost was the three-month delay in the implementation of Kinerja's SBM intervention. The contract for the program's education IO, IPPM, was only signed in March 2016. As a consequence, many of the SBM activities that had been planned for January-March 2016 were postponed to the following quarter, forcing the program to try and implement two quarters' worth of activities into one, which necessitated the recruitment of an SBM Specialist plus an STTA to provide additional support.

By the end of September 2016, although Kinerja had successfully implemented all its SBM workshops and trainings as planned, the hectic schedule during the previous two quarters - which in some cases caused activities to overlap – was far from ideal. Recognizing this, the program aims to provide additional support to stakeholders, as far as possible, in the next quarter and it has also approved an NCE for IPPM through to the end of January 2017 to consolidate Kinerja's achievements.

Kinerja's efforts, in collaboration with UNICEF and PKMK, to produce the combined EBP-MSS module was also delayed for nearly three months, due primarily to lengthy contract negotiations between UNICEF and UGM. However, in addition to PKMK's lack of availability during much of January-March 2016, the collaboration process itself proved challenging as Kinerja and UNICEF had two very different approaches to the work and different views on how best to achieve the stated objectives. This demanded more effort from all those involved and made the entire process more time-consuming than originally envisaged.

Although the new module was rolled out to LG partners in April 2016, the previous delay impacted Kinerja's work on MSS costing with DHOs and contributed to the fact that as of the end of September 2016, neither of the target DHO work plans or budgets (for Jayapura and Kota Jayapura) were signed.

The next quarter is liable to be just as, if not more, challenging than some of the preceeding quarters. Despite several initiatives that need to be completed, as mentioned above, the program will have even less time at its disposal. With the Kinerja program preparing to close out, the majority of district staff contracts are due to end in November 2016, and the majority of provincial staff contracts in December 2016. Five sustainability workshops are planned to take place – one in each of Kinerja's four districts and one for provincial partners - in November 2016.

Nevertheless, Kinerja will attempt to complete what it can, with a primary focus on priority activities. These include the finalization of the Otsus guidelines in health; finalizing DHO work plans and budgets and DEO work plans; supporting district-level health and education ITATs to conduct further monitoring and supervisory visits to *puskesmas* and schools; finalizing the documentation of Kinerja Papua good practices in education and health; finalizing the guidelines to accelerate the achievement of education-related MSS for the PEO; conducting the third and final stage of the WLT; and supporting education stakeholders to start monitoring the implementation of school service charters and technical recommendations.

8. Monitoring and Evaluation

8.1 Monitoring & Evaluation Activities

The Kinerja Papua M&E team consists of one M&E Advisor and one M&E officer. To fulfill its roles and functions, the team is supported by Solidaritas – a consulting company in Indonesia focusing on M&E support. The M&E team implements the overall approach described in the Kinerja Papua M&E Plan. Key M&E-related activities conducted from October 1, 2015 – September 30, 2016 are summarized below:

- **The M&E team developed and finalized the M&E Plan** in close consultation with the program team. The plan was discussed several times with USAID, and was endorsed in early Q3 FY 2016. At the same time the M&E system was developed to correspond to the M&E Plan and needs in the field.
- **The M&E team conducts day-to-day management** of the online reporting system. This is a web-based reporting system, where staff and IOs can send regular reports directly to the website. These reports are then automatically sent to relevant stakeholders in the program – task managers and supervisors. The M&E team utilizes information from the obtained documents to monitor work plan implementation, identify challenges in implementing the program, and identify potential indications of change that describe changes at the outcome level, directly from the field implementers**. As a result, the M&E team has a real-time monitoring system that can also be accessed by staff and managers in the field** (for reference, please see http://kinerja.solidaritas.com/tracking-table-laporan)
- **The M&E team monitors implementation** of the work plan, both quarterly and annually. Using the information obtained from the online reporting system, the M&E team compiles information to explore and document to what extent activities are implemented. The results of the work-plan monitoring are presented in the online system, so that people across the program can access the information. At the same time, the M&E team also compiles information related to challenges and indications of changes, obtained through the regular online reporting system. Monitoring of achievements against KPIs is also conducted by using the online reporting system, in particular to identify achievements. Then, the M&E team consults relevant field or technical staff to explore the achievements in detail and to obtain the necessary

supporting documentation. Once the means of verification (MOV) are obtained, they are coded and documented into the database as achievements. **The results of these activities are presented as M&E information in SMT meetings and quarterly planning meetings, as well as in regular quarterly reports to USAID.**

- **At QPMs, the M&E team presents the findings** to inform program staff. This information is then used as a basis for the next quarter's planning. The M&E team joined all the QPMs in Kota Makassar, Surabaya and Kota Jayapura. **In this way, program staff are well-informed about achievements of the indicators that they manage and also have the opportunity to add or clarify information to ensure that the M&E team accurately documents the field situation.**
- **Kinerja's M&E, with the support of Solidaritas**, conducts a specific evaluation to evaluate the WLT program. The evaluation is based on Kirkpatrick's four levels of evaluation to assess the effectiveness of the training program in supporting and promoting leadership and activism among women. The data are gathered at every phase of the training – there are three trainings in this program. In FY 2016, data have been collected twice – in March 2016 (1st training) and July 2016 (2nd training). Beyond FY 2016, the M&E team plans to collect data during and after the 3rd training (October 2016), in particular to compile information related to indications of changes at an individual level after participating in this series of trainings. **Two interim reports were produced by the evaluation team, and this information was utilized by the trainers/facilitators to adjust the subsequent training and mentoring sessions.**
- **Using the information on indications of change** compiled from the online reporting, the M&E team managed the information by mapping it according to themes. These themes reflect the changes affected by the Kinerja Papua program. To identify additional indications of change, the M&E team facilitated a two-hour group discussion at the QPM in Surabaya in June 2016. Not only did the discussion help staff to better understand what is meant by "indications of change" within the context of the program's desired results and outcomes, it also produced a number of potential indications which were recorded for further verification and analysis. As a follow-up, the M&E team further explored the information in the field with relevant stakeholders via telephone or document review for verification. The first round in compiling stories of change was conducted in September 2016. **Currently, three stories of change are being finalized by the M&E team after the first data were collected in October 2016.** More detailed information on developing stories of change is presented in Section 8.2.3 below.

8.2 Kinerja Papua Achievements for FY 2016

This section describes achievements in terms of the two regular monitoring approaches implemented by Kinerja's M&E team: (1) work-plan monitoring, which focuses on planned activities versus implementation, and (2) KPI monitoring, as well as (3) stories of change.

8.2.1 Kinerja Papua Work-Plan Monitoring

The M&E team has conducted monitoring to determine the extent to which the planned activities for FY 2016 have been implemented. The principal audience for this monitoring is Kinerja's SMT, since this approach helps it to identify and track priority activities and to refine strategies to achieve targeted outputs and expected outcomes. In this annual report, the M&E team answers two main questions in work-plan monitoring: (1) to what extent was the Q4 FY 2016 work plan implemented, and (2) to what extent was the FY 2016 AWP implemented.

a) To what extent was the Q4 FY 2016 work plan implemented?

To answer this question, Kinerja Papua's M&E team compared the Q4 FY 2016 work plan with regular reports (activity and biweekly reports). The results are as follows:

- **85.29% of planned activities in Q4 FY 2016 were implemented at district and provincial levels (see the table below). In Jayawijaya and Mimika, all planned activities were implemented.**

District/Province	Planned Activities	Implemented	Postponed to Q5	Cancelled
Kota Jayapura	23	22	1	0
Jayapura	19	16	1	2
Jayawijaya	18	18	0	0
Mimika	8	8	0	0
Papua Province	34	23	7	4
Total	**102**	**87 (85.29%)**	**9 (8.82%)**	**6 (5.88%)**

- In general, the rationale for postponing or cancelling activities comprised: 1) time constraints to deliver all planned activities, especially where targeted participants (mostly government officials at district and province levels)[67] had other competing commitments, resulting in postponement to the next quarter; (2) sequential activities relating to the LG planning and budgeting cycle,[68] and (3) a few activities that were considered no longer relevant because either an activity was in response to LG needs or it could be combined with other activities to produce the intended output.[69] As the above table shows, only 67% of planned provincial-level activities were implemented during Q4 FY 2016, for reasons primarily relating to points #1 and #3.

However, it is critical to note that these postponed and cancelled activities do not directly contribute to KPIs, **therefore any postponement or cancellation should not significantly affect Kinerja Papua's performance indicators and targets.**

b) To what extent was the FY 2016 AWP implemented?

To answer this question, the Kinerja Papua M&E team compared information obtained from monitoring the implementation of each quarterly work plan with Kinerja Papua's AWP. The results are as follows:

- In total, 56 activities were planned to be implemented during the CE at national, provincial and district levels, in education and health.
- During the QPM in Kota Makassar in March 2016, the M&E team and advisors reviewed the list of activities in the AWP. The focus of the AWP review was to (1) identify activities that were not relevant anymore based on changes in context[70] and (2) identify activities that could be combined when implemented in the field. Based on this

[67] Examples include: (1) support the PEFT to conduct supervision visit to schools, (2) raise awareness among mainstream media journalists and editors about GBV, and (3) train DHO heads on the PML module, funded by the PHO.

[68] For instance, in Jayapura, advocacy meetings (hearings with legislators to discuss health budgets) to integrate the results of MSS costing into LG budget documents could not be executed because the LG had not yet confirmed their 2017 budget ceiling. Thus, these activities were postponed.

[69] For instance, activities planned at the provincial level such as coordination meetings, including with IOs

[70] For instance, the cancellation of planned SMS Gateway activities, as Kinerja's intended implementation partner, JERAT Papua, failed to meet grant-application conditions.

review, 11 planned activities were considered no longer relevant for implementation**. It is critical to note that dropping these activities did not affect Kinerja Papua's achievements against the KPIs**. **After the review, 45 planned activities were to be implemented by Kinerja Papua during the CE.**

- In FY 2016, Kinerja Papua implemented around 90% of planned activities in the AWP for the CE period (18-month implementation). Most of the remaining 10% of activities are expected to be implemented in Q1 and Q2 FY 2017.
- The FY 2016 activities that have not yet been fully implemented are:
    - Documentation and dissemination of good practices to key policy makers at the provincial and district levels:
        - Kinerja Papua held one good-practice dissemination event in Q2 FY 2016 but this covered good practices gathered from Kinerja's work in Papua before the CE began.
          This activity depends on the maturity of Kinerja's interventions during the current CE. Once Kinerja Papua completes the documentation of all good practices resulting from its interventions in during the CE, they will be disseminated in FY 2017.
    - Continue to collaborate with national ministries to disseminate public-service innovations:
        - This activity will be conducted in Q1 and Q2 of FY 2017. One crucial activity planned for Q1 FY 2017 is to support Papua's PHO to meet with MOH, to share lessons learned and technical recommendations relating to the work carried out by DHO ITATs and the implementation of the new IPP mechanism (see Section 4.3 for details). Another activity is a national-level lessons learned workshop, in close collaboration with MOHA, Bappenas, MOH, MOEC and LAN, as well as the Papua PEO and Jayapura DHO.
    - Activities related to supporting civil society and MSFs to conduct monitoring of service charters and technical recommendations in the education sector:

As Kinerja Papua only finalized school service charters and technical recommendations in Q4 FY 2016 as a follow-up to school complaint surveys, the monitoring of implementation of these charters and recommendations will take place in FY 2017. Therefore, Kinerja Papua has provided a no-cost extension (NCE) to its education IO, IPPM, to continue working with schools until the end of January 2017. Kinerja Papua is confident that these activities can be implemented during the NCE.

8.2.2 Kinerja Papua Performance Indicators

In FY 2016, Kinerja Papua produced a number of achievements related to the program's KPIs. Targets for 8 out of 13 KPIs have been reached during this year, with 5 of those targets being significantly over-achieved.[71] The reason behind the lack of achievement for the remaining 5 indicators was due primarily to external factors, such as recent national government budget cuts. Further detailed information on achievements and challenges can be found in the narrative section of this M&E report, while a summary of KPI achievements is presented in the KPI Achievement Table in Annex A-1.

[71] Of the 5 remaining targets, reports indicate that two of the indicators have begun to record achievement (KPI #5 for education, and KPI #9 for health). These will be reported and counted as achievements in the next quarterly report.

Indicators on Governing Justly and Democratically (GJD)

Indicator #1: Number of sub-national entities receiving USG assistance that improves their performance (GJD 2.2.3-5):

> In the period prior to the CE, Kinerja Papua supported LGs in four target districts to improve public services in the health sector.[72] In FY 2016, Kinerja Papua has continued to promote and assist the improvement of LG performance in these districts, with additional support provided to the provincial government, in line with the program's CE strategy. Government partners showed their improvement in education and health by producing 24 new policies at provincial, district and sub-district levels. Further details of the 24 new policies are described under KPI #4.

Indicator #2: Number of local non-governmental and public sector associations supported with USG assistance (GJD 2.2.3-4):

> In FY 2016, six local CSOs received U.S. Government support through Kinerja Papua. In the beginning, the target was five organizations, focusing on directly supporting program implementation in the field – including strengthening local MSFs and local IOs (YAPEDA, YHI and CIRCLE Indonesia), assisting the implementation of SBM (IPPM), and supporting media and citizen journalism (PPMN). The other grantee is Solidaritas, which supports the implementation of Kinerja Papua's M&E – KPI #4.

Indicator #3: Number of USG-supported activities designed to promote or strengthen the civic participation of women (GJD 2.4-6):

> Kinerja Papua also conducted 10 activities to promote and strengthen the civic participation of women, despite initially targeting just six activities in FY 2016. These activities were related to the WLT, during which Kinerja trained 41 women to increase their capacity to conduct advocacy and becoming leaders to raise issues relevant to women's needs and gender equity. During FY 2016, two trainings were held (with the third to be held in October 2016) and eight follow-up mentoring sessions.

KPIs relating to Pillar 1: Strengthening the Enabling Environment

Indicator #4: Number of policies produced by LGs relating to Kinerja Papua support and approaches:

> As mentioned above, five government administrations supported by Kinerja (four districts and one province) produced a total of 24 new policies at provincial, district and sub-district levels. These are all related to Kinerja Papua's support and interventions in the health and education sectors. Kinerja Papua targeted eight policies to be produced by LGs, meaning that Kinerja has achieved 300% of its annual target, or 185% of its target for the entire 18-month CE.
>
> Sixteen new policies were issued in the health sector and eight new policies for education. In general, the policies can be grouped into the following categories:

[72] Achievement M&E Plan 2012-2015, indicator #4.

- Health Sector:
  (1) **Promote involvement and participation of citizens/community to improve public services**. Some of the new policies relate to the formal institutionalization of health MSFs at district level and sub-district level, and circular letters to guarantee the participation of MSFs in *puskesmas* activities. It is important to note that in Kota Jayapura, the DHO issued a policy to allow the involvement of civil society – in this context, MSFs – to join and monitor ITAT supervision visits to health centers. This policy was supported by the allocation of LG funding to cover the costs of the MSFs' involvement.
  (2) **Promote quality of health service delivery in frontline services.** Several policies (such as circular letters) relate to the implementation of guidelines on PSD at *puskesmas* and the implementation of service SOPs at *puskesmas*, as well as providing legal status to health-sector ITATs, which assist *puskesmas* staff in their efforts to improve the quality of frontline services.
  (3) **Support the replication of good practices**. In Mimika, the LG issued budget-related policy to support the replication of Kinerja Papua's good practices to three additional *puskesmas* in the district. The good practices being replicated are (1) SOP on health management; (2) complaint handling in the form of complaint surveys and service charters, and (3) applying MSS costing at the *puskesmas* level.
  (4) **Fit and Proper Test mechanism to recruit *puskesmas* heads.** Jayawijaya's district head issued a decree (*perbup*) to govern the recruitment of *puskesmas* heads via fit and proper tests. This mechanism focuses on recruiting heads of *puskesmas* based on requisite managerial competence.
  (5) **Regional Action Plan for the Prevention and Management of Violence against Women and Children.** During Kinerja's current CE, a mayoral decree (*perwal*) was issued in Kota Jayapura, which serves as the legal basis for the district's RAD to address GBV.

- Education Sector:
  (1) **Promote involvement and participation of citizens/community to improve public services**. In February 2016, the Jayapura DEO issued a regulation to formally recognize the revitalized DEC.
  (2) **Ensure improved quality of education service delivery in frontline services.** In Jayapura and Kota Jayapura, the LGs issued decrees on the formation of DEO ITATs. The teams supervise schools on the implementation of SBM. In Jayawijaya, the LG allocated funds from its 2016 budget to support the implementation of SBM at schools across the district. At the provincial level, several policies were also issued by the PEO. One was a decree on the establishment of a PEFT, which will assist districts in implementing SBM. In addition, with Kinerja's support, the PEO also produced a decree to formally regulate the PEO's five-year Strategic Plan for 2013–2018.

Indicator #5: Number of Kinerja good practices and innovations documented:

Besides the new policies described above, in FY 2016, Kinerja Papua also documented five good practices in health (resulting from Kinerja Papua's past period), 125% of the FY 2016 target, and disseminated them to provincial and district partners in April 2016. Of the program's target to document eight good practices during FY 2016 (four in health and four in education) of Kinerja's interventions during the CE, no good practices from Kinerja's interventions during the CE have been counted as

achievements as of the end of September 2016, the documentation process is continuing into Q1 FY 2017. However, Kinerja Papua plans to complete the documentation of nine good practices in education and five in health in Q1 FY 2017. According to this projection, although the KPI target for 10 education good practices will be underachieved by one, Kinerja Papua will exceed its initial combined target of 16 good practices by the end of the CE.

KPIs relating to Pillar 2: Strengthening Governance among Supply-side Stakeholders

Indicator #6: Number of LGs incorporating MSS costing into annual planning documents

In FY 2016, Kinerja Papua targeted the achievement of two planning documents, incorporating MSS costing results, in the health sector. However, by the end of September 2016, the integration of LG work plans (*Renja*) was not achieved as the LGs had not concluded their planning phase for 2017 budgets and no DHO planning documents were yet signed. However, draft work plans in the two targeted districts (Jayapura and Kota Jayapura) have incorporated MSS costing results.

The main reason why the 2017 local planning phase is behind schedule relates to a new national government regulation (PP No. 18/2016) on the revision of LG organizational structures which needs to be supported by local regulations to accommodate these changes. This revision has created uncertainty concerning the roles and functions of existing technical divisions within LG offices and has led to delays in defining their 2017 budget ceilings. Without a clear budget ceiling and a clear division of tasks between the various divisions, DHOs chose to postpone finalizing their planning documents, to prevent a series of ongoing revisions for the LG team.

While this is not good practice in public finance management, this is the challenging reality that Kinerja has faced in trying to achieve its FY 2016 target under KPI #5. At the same time, Kinerja Papua is confident that the DHO planning documents will be endorsed in the coming quarter, as all LGs need to finalize their 2017 work plans and budgets by the last quarter of 2016. However, Kinerja acknowledges that there is a chance that the integration of MSS costing into planning documents could also be postponed due to political dynamics.

Similar to its efforts in the health sector, Kinerja also planned to integrate MSS costing results for education into LG planning. However, Kinerja has targeted this to be achieved in FY 2017, as the program recognized from the start that, with work only just beginning in the education sector, it would need more time to influence LG processes.

Indicator #7: Number of LGs incorporating MSS costing into annual budgeting documents

Kinerja Papua worked to ensure the integration of MSS costing results into annual DHO RKA in two districts - Jayapura and Kota Jayapura. However, as with the integration of MSS costing into planning documents, MSS costing was not integrated into their 2017 budgets as of the end of September 2016. The lack of clear budget ceilings for 2017 and the potential changes in the organizational structure, as mentioned above, have been major challenges to achieving KPI #7. Kinerja Papua will continue to engage with its LG partners in Q1 and Q2 FY 2017 to assist them to finalize all planning and budgeting processes. It is expected that both KPIs (#6 and #7) will be achieved by the end of the CE.

Indicator #8: Number of LG officials trained on management and supervision of PSD

As part of its technical assistance, Kinerja Papua also built the capacity of health and education officials at district and provincial levels, and that of Bappeda staff and DPRD members. Capacity building focuses on technical issues such as management and supervision of PSD, as well as LG planning and budgeting based on MSS and gender equity.

A total of 203 district and provincial officials from the health and education sectors participated in Kinerja-facilitated capacity-building trainings; of this total, 141 (88 male and 53 female), or 70%, passed the criteria of "trained participants". The criteria to be a "trained participant" include full participation in any two-day training/workshop; partial participation is not considered as "trained". This means Kinerja Papua reached 172% of its FY 2016 target of 82 officials trained.

Indicator #9: Number of integrated oversight and capacity-building/technical assistance provided by DHO/DEO ITATs to SDU managers:

Following a series of trainings/workshops with DHO/DEO ITATs, Kinerja Papua assisted the DHOs and DEOs to conduct integrated supervision visits to *puskesmas* and schools, respectively**.** In FY 2016, Kinerja targeted 11 supervision visits to *puskesmas* by DHO ITATs. By the end of September 2016, nine supervision visits to *puskesmas* were conducted and documented by ITATs in three districts (Jayapura, Jayawijaya and Kota Jayapura). This means that Kinerja achieved 82% of its FY 2016 target. It is important to note that by the end of FY 2016, three other supervision visits were also been conducted, but Kinerja is waiting for the required documentation to record this in the M&E system. This will be reported in the Q1 FY 2017 report.

In the education sector, Kinerja Papua targeted 18 supervision visits by DEO ITATs to schools in Jayapura and Kota Jayapura. Kinerja did not set a target for Jayawijaya, considering the challenges to secure the commitment of key policy makers based on the program's past experience. By the end of September 2016, 28 supervision visits to schools were conducted and documented by DEOs in all three districts, including Jayawijaya. This means Kinerja Papua achieved 156% of its target in FY 2016 for KPI #9 in education. Kinerja Papua still plans to support DEO ITATs to conduct a second round of supervision visits to 30 schools in all three districts. However, there is a possibility that this will be postponed to Q2 FY 2017 by DEO ITATs, considering competing priorities facing LGs in October–December 2016.

KPIs relating to Pillar 3: Subtantial Civil Society Engagement

Indicator #10: Number of CSOs receiving USG assistance engaged in advocacy interventions

In FY 2016, nine CSOs, including MSFs, receiving assistance through Kinerja Papua were engaged in advocacy to demand better public services**.** These nine CSOs are: YAPEDA, YHI, IPPM, CIRCLE Indonesia, PPMN, and the four district-level MSFs in Kinerja's partner districts (Jayapura, Jayawijaya, Kota Jayapura and Mimika). This means Kinerja achieved 90% of its FY 2016 target. Initially, Kinerja Papua also planned to provide assistance to AJI to have them involved in advocacy efforts. However, this plan was cancelled since AJI was not sufficiently receptive to Kinerja's proposal.

Indicator #11: Number of policy recommendations produced by MSFs

One important indication of Kinerja's success in strengthening community participation, in particular MSFs, is the active production of policy recommendations,

including technical recommendations to LGs and service providers. These recommendations can also result from oversight and advocacy activities.

Kinerja Papua targeted four recommendations to be compiled by MSFs and submitted to LGs in the health sector and three recommendations in education. In FY 2016, a total of 23 policy recommendations in the health sector were produced and submitted to local policy makers by MSFs in four districts. The recommendations cover the following issues:

1) Implementation and allocation of budget funds to achieve MSS health targets;
2) Complaint-handling mechanisms at the DHO and *puskesmas*;
3) Local health issues raised at Subdistrict Planning Meetings (*Musrenbang Kecamatan*);
4) Follow-ups to the Papua Health Workers' Absenteeism Study.

This means Kinerja has over-achieved its FY 2016 target of four recommendations in the health sector with 575% achievement. During the development of the target, Kinerja expected policy recommendations would come only from district MSFs. However, in the past 12 months of implementation, *puskesmas*-level MSFs became very active in producing policy recommendations for their local DHOs, especially in relation to complaint-handling mechanisms, and also to subdistrict authorities during subdistrict planning meetings.

In the education sector, 29 technical recommendations were produced and submitted to local policy makers as a follow-up to the complaint surveys that were conducted at 30 schools,[73] despite the target of only three for FY 2016. Kinerja Papua has over-achieved this indicator by 967% of the target. This is due to a higher than expected commitment among education stakeholders, in particular at the school level, to follow up on complaint surveys.

Indicator #12: Number of civil society representatives trained around oversight and policy advocacy

In the health sector during the CE period, Kinerja has focused on building leadership and advocacy capacity of women members of health-sector *puskesmas*- and district-level MSFs. This has been achieved by conducting a series of trainings, followed up by mentoring for training participants. By the end of FY 2016, 41 women participated in the WLT program, of which 28 (68%) passed the criteria for "trained participants" by fully participating in two out of the three trainings. Hence, Kinerja Papua achieved 108% of target of 26 participants for FY 2016.

In terms of strengthening the oversight and policy advocacy capacity of civil society representatives in the education sector, Kinerja Papua trained 136 members of school committees, where 71% (96 people: 42 women and 54 men) passed the criteria of "trained participants" (attended three out of four days of training). The target for FY 2016 was 81 participants; therefore, Kinerja Papua achieved 119% of the target in education.

[73] A total of 30 technical recommendations were produced, but one recommendation, from SD Inpres Megapura in Kota Jayapura, has not yet been signed.

Indicator #13: Number of local stakeholders using media products (and media channels) in their efforts to improve the quality of PSD

> In FY 2016, Kinerja Papua produced 132 media products, such as talk shows on radio and television, features in printed media and television, and public service announcements. Kinerja then encouraged the utilization of these media products by local stakeholders. Ninety-five stakeholders (475% of the targeted number of 20) were recorded using these media channels and products to deliver information and to raise issues publicly. These stakeholders included direct partners of Kinerja Papua in the health and education sectors (for instance, representatives from Bappeda, DHOs/DEOs, *puskesmas*, schools, MSFs, Women's Empowerment and Child Protection Agency, and CJs), as well as other relevant stakeholders at the local level such as the District Personnel Board (BPK) and Indigenous People's Organization.

8.2.3 Indications of Outcomes

In addition to the KPIs described above, Kinerja Papua has used a story-based approach as a means to identify and describe some larger changes happening at the outcome level, which can be understood as the effect of Kinerja's various activities and outputs.

To frame these changes, Kinerja Papua has focused on three main domains of change, which were developed based on Kinerja Papua's results framework. These are:

a) Changes in the enabling environment of PSD at the government level – related to PILLAR 1.
b) Changes in attitudes and/or behavior of district health and education officials and service providers (in clinics/schools) – related to PILLAR 2.
c) Changes in community participation to conduct service delivery oversight and policy advocacy – related to PILLAR 3.

To identify and produce stories of change, Kinerja Papua has undertaken several steps. Information obtained from online reports and discussions during QPMs with staff were considered as initial information on changes, from which 17 "indications of change" were identified. These 17 indications were ranked by a small team of Kinerja staff (COP, Technical Advisors, Communications and Knowledge Management Team, and Program Manager). Based on a ranking process, this group discussed and shortlisted five indications of change that were to be explored further in the field. The M&E team, with the support of Solidaritas, then conducted a series of interviews with informants in Papua, after which three final "changes" were selected to be packaged as stories of change because they were considered to be the most relevant representation of the Kinerja Papua program's results. The M&E team is currently writing these three stories of change based on data collected in the field in October 2016.

The topics for the three stories of change are:

Topic 1: Integrated planning between *puskesmas* and DHO with active community engagement

This story describes system changes at the Jayapura DHO in relation to IPP. This included broadening the planning process at the *puskesmas* level to include active community participation. This planning approach integrates two existing approaches – Integrated Micro Planning (introduced by UNICEF) and Puskesmas-Level Planning (MOH's national planning policy)

This topic is considered an indication of change among service providers. The focus is on the integrated planning process between the DHO as policy maker and health centers as service units (Pillar 2). Additionally, this topic also reflects changes in people's participation in planning at the SDU level, as an indication of active community participation in monitoring and advocacy (Pillar 3). A summary of the story is as follows:

> *"Increased capacity and a change of mindset is the starting point for the change. The willingness of the DHO to accept Kinerja Papua's proposal to test the integration of planning and budgeting processes between DHO and* puskesmas *generated good results. Many benefits have already been felt; for example, greater efficiency in planning and preventing the overlapping of planned activities.*
>
> *At the* puskesmas *level, with an appropriate planning process and by involving the community, the service unit has been able to formulate activities according to its priorities and needs. The* puskesmas *have also received support from the DHO as their supervisor, and also from village authorities. Not surprisingly, after experiencing the results of this new integrated approach, the DHO – especially staff in the program division - has taken the initiative to replicate the same process at the district's remaining 15 health centers which were not assisted by Kinerja. This replication plan has been incorporated into the DHO's (draft) 2017* Renja*."*

Topic 2: Active community engagement in overseeing the quality of health service delivery

The second topic discusses the active role of Kota Jayapura's health MSF (*Forum Peduli Pembangunan Kesehatan*/FPPK Waniambey) in overseeing the quality of health services. The highlight of its monitoring work was when FPPK Waniambey was requested to join the local DHO ITAT. This request was followed by the provision of funding (for FPPK activities) from the DHO's 2016 budget, to ensure its involvement in providing supervision and technical assistance.

This topic is an indication of a change in society, particularly related to the active involvement of communities in monitoring and advocacy (Pillar 3). A summary of the story is as follows:

> *"The active engagement of FPPK Waniambey, both at the district and subdistrict levels, in promoting health services in Kota Jayapura has been recognized by the DHO. FPPK Waniambey was requested to become a member of the DHO ITAT. FPPK Waniambey's role is not limited to supervision; it also promotes the importance of community involvement in efforts to fulfill people's rights to basic services.*
>
> *By positioning itself as a partner, FPPK Waniambey's role is no longer viewed by* puskesmas *as an attempt to find fault with the clinics, but rather as part of a concerted effort to improve services. Furthermore, FPPK Waniambey will encourage village authorities, religious leaders and indigenous leaders to promote and participate in the improvement of services in accordance with the authority and roles that they have."*

Topic 3: Active community engagement in improving the quality of education service delivery

The third story uses the example of SD YPK Amai elementary school in Jayapura to highlight the increased participation of the community, including village authorities, in the context of an expanded school committee and attempts to improve the quality of education. The complaint survey introduced by Kinerja Papua was the entry point to effectively build the awareness of

local stakeholders regarding school's needs to improve education services. Kinerja's approach to the expanded school committee – where not only parents but also community leaders are involved – has stimulated engagement with village authorities to participate in improving the quality of education at the local level. At the moment, 18 village heads have formally offered their support (in formal Village Head decrees), which explicitly state the form of support and the allocation of funds to different schools.

This third story serves as an indication of change in community participation to oversee and to conduct advocacy for education services (Pillar 3). In particular, it also indicates that there have been some changes among village authorities in taking up an active role to improve education services. Initially, the change among village authorities was not targeted by Kinerja Papua in the design of its education-sector intervention. However, Kinerja identified that the participation of village leaders significantly encourages change in the supporting environment for education at the local level. A summary of the story is as follows:

> *"Starting from the introduction of the expanded school committee, community awareness of the importance of improving the quality of education began to increase. The new school committee concept successfully removed negative assumptions held by various stakeholders. Community groups and representatives that had not previously been engaged, such as village authorities, indigenous leaders, women and young people, became involved within the committee. Furthermore, they are the ones identifying the actors who are seen as the drivers who will implement the school committee's work plan.*
>
> *Ultimately, the school committee, the school, and community members, who are not formal members of the school committee, were invited to meet together. The meeting was held to identify issues faced by the school and to identify solutions, including solutions based on the findings of the complaint survey. With huge enthusiasm, each party stated their commitment to fulfill the school's needs, based on their capacity and authority."*

Annex A-1: Key Performance-Indicator Achievement Table

#	Indicator Name	Sector	Baseline	Target FY 2016	Achievement FY 2016				To Date	%	Notes
					Q1	Q2	Q3	Q4			
Indicator #1	GJD 2.2.3-5 Number of sub-national entities receiving USG assistance that improve their performance	ALL	4	5	2	4	5	5	5	100%	In FY 2016, four Kinerja partner districts (Jayapura, Kota Jayapura, Jayawijaya and Mimika) continued to experience improved performance. This improved performance is indicated by the formulation of new policies by LGs – especially related to approaches introduced by Kinerja to improve the quality of PSD in health and education sectors. In addition, the Papua provincial government also indicates improved performance by producing policies to improve health and education services corresponding to their PG roles. Note: This is a non-cumulative indicator.
Indicator #2	GJD 2.2.3-4 Number of local non-governmental and public sector associations supported with USG assistance	ALL	0	5	5	6	6	6	6	120%	During FY 2016, the US government through the Kinerja Papua program has provided support to 6 local organizations: YHI (strengthening Health MSFs in Kota and Kab Jayapura); YAPEDA (strengthening Health MSFs in Mimika); CIRCLE (strengthening Health MSFs in Jayawijaya, DECs in 2 districts and local IOs in Papua); IPPM (supporting the implementation of SBM in 3 districts); PPMN (strengthening mainstream media and citizen journalism); Solidaritas Indonesia (providing technical assistance to Kinerja's M&E implementation). Note: This is a non-cumulative indicator.
Indicator #3	GJD 2.4-6 Number of USG-supported activities designed to promote or strengthen the civic participation of women	HEALTH	0	6	0	1	4	5	10	167%	In Q4 FY 2016, Kinerja Papua conducted 1 training and 4 mentoring visits in all four districts following the training. Out of 6 targeted activities in FY 2016 to promote or strengthen the civic participation of women, Kinerja Papua conducted 2 WLT trainings, and 2 post-training mentoring sessions in all four districts. In the next quarter, Kinerja Papua plans to conduct 1 more stage of the WLT and, if possible, 1 final round of mentoring sessions in each district.

#	Indicator Name	Sector	Baseline	Target FY 2016	Achievement FY 2016				To Date	%	Notes
					Q1	Q2	Q3	Q4			
Indicator #4	Number of policies produced by local government related to Kinerja Papua support and approaches	HEALTH	3	7	2	1	7	6	16	229%	In Q4 FY 2016, Kinerja recorded 6 new policies in health: • 4 subdistrict policies on the formation of subdistrict health MSFs in Jayapura Utara subdistrict, Kota Jayapura, and in Musatfak, Hubikosi and Hubikiak subdistricts in Jayawijaya • *Surat edaran* issued by the head of the Kota Jayapura DHO regarding involvement of MSFs in *puskesmas* activities • Mayoral decree in Kota Jayapura on the Regional Action Plan for the Prevention and Management of Violence against Women and Children (RAD KtPA) For FY 2016, the overall target for health policis was seven. During FY 2016, 16 new policies have been issued in the health sector, besides the 3 baseline policies produced before the CE yet affecting program implementation in this period (eg. Jayawijaya DHO decree on the establishment of a health ITAT, Mimika district head decree on the establishment of Health MSFs, Kota Jayapura mayoral decree on the establishment of health MSFs).
		EDUCATION	0	1	1	2	4	1	8	800%	1 new policy in education was achieved in Q4 FY 2016. The policy is a Jayapura district head decree on the establishment of a DEO ITAT. In FY 2016 ini, Kinerja Papua targeted 1 new policy in education. During implementation, 8 new education policies were produced during FY 2016.
Indicator #5	Number of Kinerja good practices and innovations documented	HEALTH	0	4	0	0	5	0	5	125%	In FY 2016, Kinerja Papua planned to document 4 good practices in health. By September 2016, Kinerja documented 5 good practices in health, based on its experience in implementing the project prior to the CE. The good practices, which were produced in the form of a book, comprise the following: -DHO-MSF Partnerships for Improved Health Services in Kota Jayapura - Complaint Handling to Improve the Quality of Health Services and Management at Puskesmas Abepantai, Kota Jayapura - Advocacy via Citizen Journalism and Radio Talk Shows to improve Health Services in Jayawijaya District

#	Indicator Name	Sector	Baseline	Target FY 2016	Achievement FY 2016				To Date	%	Notes
					Q1	Q2	Q3	Q4			
											- Community Participation in Planning Activities to Achieve MSS in Health in Jayapura District - Integrated Service for Women and Children as Victims of Violence with Community Involvement in Kota Jayapura - Kinerja still plans to document 5 more good practices in FY 2017 that reflect the focus of the program's work during the CE
		EDUCATION	0	4	0	0	0	0	0	0%	In FY 2016, there has not yet been any documentation of good practice or innovation in the education sector. In the education sector, Kinerja only just started to provide technical assistance in the field at the start of Q2 FY 2016 and some of the important approaches were just being finalized at the end of Q4 FY 2016. Therefore, the documentation of good practices in education will begin in Q1 FY 2017. Kinerja Papua still plans to document 9 good practices in education before the project ends.
Indicator #6	Number of local governments incorporating MSS costing in their annual planning documents	HEALTH	2	2	0	0	0	0	0	0%	Kinerja Papua continues to provide support for LGs in integrating the results of health MSS costing into LG planning documents, as this was begun before the CE. As of the end of September 2016, the integration of MSS costing into LG planning documentation was not complete. This is in line with the fact that by the end of September 2016, LGs had not concluded their planning phase for 2017 budget and none of DHO planning documents in Kinerja districts had been signed by the LGs. However, draft planning documents incorporating MSS costing results were finalized in the program's two targeted districts – Jayapura and Kota Jayapura. The delays in signing planning documents for 2017 has been caused by (1) uncertainties regarding the roles and functions of different divisions in LG technical offices following the introduction in 2016 of a national regulation on the restructuring of LG organizational structures and (2) delays in defining district governments' 2017 budget ceilings. Thus, no achievement has been recorded so far for this KPI. Note: This is a non-cumulative indicator.

#	Indicator Name	Sector	Baseline	Target FY 2016	Achievement FY 2016				To Date	%	Notes
					Q1	Q2	Q3	Q4			
		EDUCATION	0	0	0	0	0	0	0	0%	Similar to the health sector, Kinerja plans to assist DEOs to integrate the results of MSS costing into annual planning documents. There is no target for FY 2016; as Kinerja recognized that this MSS intervention in education is new, the target for integration into planning documents is only set for FY 2017. Note: This is a non-cumulative indicator.
Indicator #7	Number of local governments incorporating MSS costing in their annual budgeting documents	HEALTH	2	2	0	0	0	0	0	0%	In Kinerja Papua's previous implementation phase, Jayapura and Kota Jayapura DHOs were assisted to integrate MSS costing into their annual health-sector budgets. In FY 2016, Kinerja has continued to target the integration of MSS costing results into DHO budget documents. As with the integration into planning documents, this integration into budgeting documents had not happened as of the end of September 2016. The lack of clear 2016 budget ceilings for LGs and the potential changes to their organizational structures became the major challenges to achieving KPI #7. Kinerja Papua will continue to engage with LGs to support them to finalize their local planning and budgeting processes – for both Q1 and Q2 FY 2017. No achievement is recorded yet for this KPI. Note: This is a non-cumulative indicator.
Indicator #8	Number of local government officials trained on management and supervision of public service delivery	DISTRICT HEALTH	0	30	0	0	44	0	44	147%	From the series of Kinerja trainings/workshops, 68 DHO officials participated in these events. A total of 44 participants met the definition of "trained on management and supervision of PSD"; 23 male participants (52%) and 21 female participants (46%). Note: This is a non-cumulative indicator.
		DISTRICT EDU	0	28	0	0	54	0	54	193%	From the series of program trainings/workshops, a total of 62 DEO officials participated in these events. Of these, 54 participants met the definition of "trained on management and supervision of PSD"; 36 male participants (66%) and 18 female participants (34%). Note: This is a non-cumulative indicator.
		PROVINCE HEALTH	0	10	0	0	11	0	11	110%	From the series of trainings/workshops, 19 provincial health officials participated in these events. Of this total, 11 participants met the definition of "trained on management and supervision of PSD"; 6 male participants (55%) and 5 female participants (45%). Note: This is a non-cumulative indicator.

#	Indicator Name	Sector	Baseline	Target FY 2016	Achievement FY 2016				To Date	%	Notes
					Q1	Q2	Q3	Q4			
		PROVINCE EDU	0	10	0	0	20	0	20	200%	From the series of trainings/workshops, 21 provincial education officials participated in these events. Of these, 20 participants met the definition of "trained on management and supervision of PSD"; 15 male participants (75%) and 5 female participants (25%). Note: This is a non-cumulative indicator.
		OTHER	0	4	0	0	12	0	12	300%	From the series of trainings/workshops, 33 LG officials (other than DHO or DEO staff) participated in these events. 12 participants fulfilled the criteria of "trained on management and supervision of public service delivery"; 8 male participants (66%) and 4 female participants (34%) Note: This is a non-cumulative indicator.
Indicator #9	Number of integrated oversight and capacity building/technical assistance held by DHO/DEO ITAT to SDU managers	HEALTH	0	11	0	0	0	9	9	82%	In Q4 FY 2016, 11 supervision visits to *puskesmas* were conducted by DHO ITATs in 3 districts (7 visits in Jayawijaya, 2 visits in Jayapura and 2 visits in Kota Jayapura). However, by the end of September 2016, only 9 of the visits had proper documentation, where the ITAT provided recommendation letters to *puskesmas*. Therefore, Kinerja Papua achieved 82% of its FY 2016 target of supervision visits to *puskesmas*. As reported in Q3 FY 2016, Kinerja Papua identified the potential of not achieving the target for KPI #9 ("Number of integrated oversight and capacity building/technical assistance held by DHO/DEO to SDU managers") specifically for the health sector. The initial target was 27 supervision visits to 16 targeted *puskesmas* during the CE (average of 1-2 visits per *puskesmas*). However, looking at the current progress, it is unlikely that the target will be achieved, since the DHO ITATs might only conduct 1 supervision visit to each of the 16 targeted Puskesmas. Contributory factors to this change are: • DHOs allocated limited budget funds for ITATs to conduct supervision visits • Delays in developing the technical guidelines and checklist for technical assistance and integrated supervision visits to *puskesmas*. This occurred as the PHO has high buy-in to this new approach and has been heavily involved in the development of the guidelines and accompanying mechanisms.

#	Indicator Name	Sector	Baseline	Target FY 2016	Achievement FY 2016				To Date	%	Notes
					Q1	Q2	Q3	Q4			
											Kinerja Papua plans to support 5 more supervision visits in Jayapura in Q1 FY 2017.
		EDUCATION	0	18	0	0	0	30	28	156%	In Q4 FY 2016, DEO ITATs conducted and documented 28 supervision visits to schools in three districts, including Jayawijaya. This means for KPI #9 in education, Kinerja Papua achieved 156% of its target in FY 2016. As in the health sector, there were 2 other supervision visits to schools that did not yet submit supporting documents. These will be recorded in the Q1 FY 2017 report. Kinerja Papua plans to support DEO ITATs to conduct a second round of supervision visits to all 30 schools in 3 districts in Q1 FY 2017.
Indicator #10	USAID/Indonesia PMP 1.2-1: Number of Civil Society Organizations (CSOs) receiving USG assistance engaged in advocacy interventions	ALL	7	10	5	8	9	9	9	90%	In FY 2016, 9 CSOs including MSFs received assistance from the US Government through Kinerja Papua, engaged in advocacy interventions to demand for better public services**.** These 9 CSOs and MSFs included YAPEDA, YHI, IPPM, CIRCLE Indonesia, PPMN, and district MSFs in all four districts (Jayapura, Jayawijaya, Kota Jayapura and Mimika). Note: This is a non-cumulative indicator.
Indicator #11	Number of policy recommendations produced by MSFs	HEALTH	0	4	0	2	8	13	23	575%	In Q4 FY 2016, 13 new achievements were recorded for policy recommendations submitted by MSFs to DHOs. These comprised: - 3 policy recommendations on complaint-handling mechanisms at *puskesmas* and the DHO, submitted to DHOs in Jayapura, Jayawijaya and Kota Jayapura - 6 recommendations on local health priorities submitted at subdistrict development planning meetings (*musrenbang*) - 3 recommendations on increasing health budgets submitted to DHOs in Jayapura, Kota Jayapura and Mimika - 1 recommendation on following up replication of *puskesmas*-level MSFs submitted to the DHO in Mimika MSFs produced and submitted a total of 23 health-sector policy recommendations to local policy makers in four districts.
		EDUCATION	0	3	0	0	0	29	29	967%	In Q4 FY 2016, a total of 29 technical recommendations were produced and submitted to local policy makers as a follow-up to complaint surveys at Kinerja's 30 partner schools.

#	Indicator Name	Sector	Baseline	Target FY 2016	Achievement FY 2016				To Date	%	Notes
					Q1	Q2	Q3	Q4			
											Kinerja Papua has over-achieved this indicator by 967% of the target. This has been caused by the higher than expected commitment shown by education stakeholders, in particular at the school level, to follow up the complaint surveys.
Indicator #12	Number of civil society representatives trained around oversight and policy advocacy	HEALTH	0	26	0	0	0	28	28	108%	As of the end of FY 2016, 41 women had participated in the two stages of the WLT, and 68% (N= 28) passed the criteria for "trained participants". Hence, Kinerja Papua has achieved 108% of the target for FY 2016. With the third training due to be implemented in Q1 FY 2017, there is a possibility that the number of "trained participants" will increase as more people fulfill the criteria, namely to actively participate in 2 out of 3 trainings. Note: This is a non-cumulative indicator.
		EDUCATION	0	81	0	0	96	0	96	119%	Kinerja Papua trained 136 members of school committees, where 71% (N= 96; Female 42 – Male: 54) passed the criteria of "trained participants" (by attending 3 out of 4 days' training).
Indicator #13	Number of local stakeholders using media product (and media channel) in their effort to improve quality of public service delivery	MEDIA	0	20	11	23	23	0	95	475%	In FY 2016, a total of 95 local stakeholders (including representatives from Bappeda, DHO/DEO, *puskesmas* or schools, MSFs and school committees, Women's Empowerment and Children Protection Agency, CJs, BKD, *adat* organizations) used media products/channels in the form of radio and television talk shows.

Annex A-2: Local Regulations Issued in FY 2016

Province

1. *Kebijakan Anggaran berupa DPA-SKP tahun anggaran 2016 terkait "Pelatihan dan Pendampingan SD MBS Model Gerbang Mas Hasrat Papua" - Dana OTSUS*

   (Budget Implementation 2016 on "Training and Assistance Model SBM Elementary Schools Gerbang Mas Hasrat Papua" – Otsus Funds)

2. *SK Kepala Dinas Pendidikan Provinsi Papua Nomor 1884/828 Tahun 2016 Tentang Pembentukan Tim Fasilitator Pendidikan Provinsi Papua*

   (Papua PEO Head Decree No. 1884/828 2016 on Formation of a Papua Provincial Education Facilitation Team)

3. *SK Kepala Dinas Pendidikan Provinsi Papua Nomor 1884/853 Tahun 2016 Tentang Rencana Strategis Dinas Pendidikan dan Kebudayaan Provinsi Papua Tahun 2013-2018*

   (Papua PEO Head Decree No. 1884/853 2016 on Papua PEO Strategic Plan 2013-2018)

Jayapura

4. *SK Bupati No.188.4 /121 Tahun 2016 Tentang Pembentukan Pengurus Dewan Pendidikan Kab.Jayapura Masa Bakti 2016 – 2021*

   (District Head Decree No. 188.4/121 2016 on Formation of DEC, Jayapura, 2016-2021)

5. *Keputusan Bupati Jayapura Nomor 188.4/156 Tahun 2016 Tentang Pembentukan Pengurus Badan Peduli Kesehatan Kabupaten Jayapura Masa Bakti 2015 - 2020*

   (Jayapura District Head Decree No. 188.4/156 2016 on Formation of Jayapura MSF 2015-2020)

6. *SK Kepala Dinas Kesehatan Kab.Jayapura tentang Penerapan SOP Layanan di Dinas Kesehatan dan Puskesmas (SK No.440 Tahun 2015)*

   (Jayapura DHO Head Decree on Applying Service SOPs at DHO and *Puskesmas* Decree No. 440 2015)

7. *Surat Edaran Kepala Dinas Kesehatan Kab. Jayapura No.440/1089/2016 Tentang Petunjuk Pelaksanaan Pelayanan Publik Dalam Bidang Kesehatan Di Seluruh Puskesmas se Kabupaten Jayapura*

   (Jayapura DHO Head Circular Letter No. 440/1089/2016 on Public Service Directive in the Health Sector at All *Puskesmas* in Jayapura)

8. *Surat Keputusan Bupati Kabupaten Jayapura Nomor 188.4/314 Tahun 2016 Tentang Pembentukan Tim Bimbingan Teknis Program Pendidikan Kabupaten Jayapura*

   (Jayapura District Head Decree No. 188.4/314 2016 on Formation of Jayapura Education ITAT)

Jayawijaya

9. *DPA - SKPD Tahun Anggaran 2016, Terkait Penerapan Manajemen Berbasis Sekolah (MBS) di Satuan Pendidikan Dasar Kab. Jayawijaya*

   (Annual Budget 2016, on Applying SBM at Elementary Schools Jayawijaya)

10. *SK Bupati Jayawijaya Nomor 550/2016 Tentang Penetapan Tim Teknis Program Pengembangan Kapasitas Penerapan SPM dan MBS 2015 - 2016 tanggal 9 May 2016 - Revitalisasi Tim Bimtek Pendidikan*

    (Jayawijaya District Head Decree No. 550/2016 on the Appointment of a Technical Team for Capacity-Building Program Applying SBM and MSS 2015-2016 – Revitalization Education ITAT)

11. *SK Bupati Jayawijaya Nomor 24 Tahun 2014 Tentang Mekanisme Seleksi Jabatan Kepala Puskesmas Di Kab. Jayawijaya – Catatan: Dokumen ditandatangani pada Mei 2016, sebagai hasil advokasi - meski demikian Pemda membuat dokumen dalam dokumen mundur per tanggal 30 Desember 2014*

    (Jayawijaya District Head Decree No. 24 2014 on *Puskesmas* Head Selection Mechanism in Jayawijaya (fit and proper tests) [NB: Document signed May 2016, although LG backdated signature to December 30, 2014]

12. *Surat Keputusan Kepala Distrik Hubikosi No. 112/D.HK/KP/2016 tentang Pembentukan Forum Peduli Kesehatan Distrik Hubikosi Periode 2016-2019*

    (Hubikosi Subdistrict Head Decree No. 112/D.HK/KP/2016 on Formation of Hubikosi Subdistrict MSF 2016-2019)

13. *Surat Keputusan Kepala Distrik Hubikiak No. /D.HK K/2016 tentang Pembentukan Forum Peduli Kesehatan Distrik Hubikiak Periode 2016-2019*

    (Hubikiak Subdistrict Head Decree No./D.HK K/2016 on Formation of Hubikiak Subdistrict MSF 2016-2019)

14. *Surat Keputusan Kepala Distrik Musatfak No. 138 /D-MSK/2016 tentang Pembentukan Forum Peduli Kesehatan Distrik Musatfak Periode 2016-2019*

    (Musatfak Subdistrict Head Decree No. 138/D-MSK/2016 on Formation of Musatfak Subdistrict MSF 2016-2019)

Kota Jayapura

15. *SK Kepala Distrik untuk Pembentukan Komite Kesehatan Fufembe Hemadicad Ansan Titana Distrk Abepura periode 2016 – 2019 (SK Kepala Distrik Nomor 02/SK DISTRIK ABE/IV/2016)*

    (Subdistrict Head Decree for the Formation of Fufembe Hemadicad Ansan Titana [MSF] Abepura Subdistrict 2016-2019)

16. *SK Kepala Distrik untuk pembentukan Komite Kesehatan Distrik Heram periode 2016 - 2019 (SK Kepala Distrik Nomor 440/88/DH)*

    (Subdistrict Head Decree for the Formation of MSF Heram Subdistrict 2016-2019)

17. *SK Kepala Distrk untuk Pembentukan Komite Kesehatan Satu Hati Menuju Perubahan Distrik Jayapura Selatan periode 2016 - 2019 (SK Kepala Distrik Nomor 09/SKEP-DJS/2016)*

(Subdistrict Head Decree for the Formation MSF "One Heart towards Change" Jayapura Selatan Subdistrict 2016-2019)

18. *Kebijakan Anggaran berupa DPA-SKP tahun anggaran 2016 terkait "Pendampingan Tim Bimbingan Teknis Terpadu oleh Komite Kesehatan (MSF) dan Dinas Kesehatan Kota Jayapura"*

    (Budget Policy in the form of Budget Implementation Document 2016 budget on "Health ITAT Assistance by MSF and DHO Kota Jayapura)

19. *SK Walikota Jayapura No.126 Tahun 2016 tentang pembentukan tim bimbingan teknis pendidikan kota Jayapura*

    (Kota Jayapura Mayoral Decree No. 126 2016 on the Formation of Education ITAT Kota Jayapura)

20. *SK Kepala Dinas Kesehatan Kota Jayapura Nomor 440/19/2016 Tentang Tim Supervisi dan Bimbingan Teknis Terpadu pada Dinas Kesehatan Kota Jayapura*

    (Kota Jayapura DHO Head Decree No. 440/19/2016 on DHO ITAT Kota Jayapura)

21. *Surat Keputusan Kepala Distrik Jayapura Utara No. 02/JAPUT/IV/2016 tentang Pembentukan Komite Kesehatan Hena Taje Distrik Jayapura Utara Periode 2016-2019*

    (Jayapura Utara Subdistrict Decree No. 02/JAPUT/IV/2016 on the Formation of Hena Taje MSF Jayapura Utara Subdistrict)

22. *Surat Edaran Nomor 440/1292/2016 Tentang Pelibatan Multi Stakeholder Forum (MSF) Dalam Kegiatan Puskesmas*

    (Circular Letter No. 440/1292/2016 on Involvement of MSF in *Puskesmas* Activities)

23. *Peraturan Walikota Jayapura Nomor 29 Tahun 2015 tentang Rencana Aksi Daerah Tentang Perlindungan Perempuan dan Anak Korban Kekerasan Tahun 2016-2020*

    (Kota Jayapura Mayoral Regulation No. 29/2015 on Regional Action Plan for the Prevention and Management of Violence against Women and Children 2016-2020)

Mimika

24. *DPA 2016 - replikasi 3 good practices (di 3 Puskesmas):*

    - Penyusunan Layanan SOP manajemen kesehatan di puskesmas

    - Survey pengaduan dan janji perbaikan layanan melalui MSF

    - Penyusunan dan costing SPM di Puskesmas

    (2016 Budget – Replication of 3 Good Practices (at 3 *Puskesmas*)

    - Developing Service SOPs on health management at *puskesmas*
    - Complaint surveys and service charters via MSFs
    - Organization and MSS costing at *puskesmas*)

Annex A-3: Kinerja Partner Schools for SBM Implementation[74]

No	Jayapura	Jayawijaya	Kota Jayapura
1	SD Inpres Komba	SD Inpres Mulele	SD Inpres Megapura
2	SD Inpres Abeale 1	SD Negeri Wamena	SD Inpres Pasir Dua
3	SD YPK Ayapo	SD YPPK Hone Lama	SD Inpres Yoka Pantai
4	SD YPK Waibron	SD Inpres Wesaput	SD Negeri Koya Koso
5	SD Inpres Sabron Yaru	SD Inpres Minimo	SD Inpres Nafri
6	SD Inpres Kanda	SD YPPK Wouma	SD Negeri Holtekam
7	SD Inpres Depapre	SD YPPK Musatfak	SD Inpres Skow Sae
8	SD YPK Amai	SD YPPK Holima	SD YPK Skow Mabo
9	SD YPK Yepase	SD YPPK Asologaima	SD Inpres Koya Tengah
10			SD Negeri Bertingkat Waena
11			SD Negeri Inpres 6.88 Yabansai
12			SD Negeri 1 Hamadi

[74] Following the completion of its baseline study in January-February 2016, Kinerja selected an additional three more progressive schools in Kota Jayapura (nos. 10-12 above) to counterbalance the original nine level-1 schools.

Annex A-4: Absenteeism Factors, Priority Action and Follow-ups

Factors Contributing to Absenteeism of Health Workers (prioritization)	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by June 2016	Challenges
Jayapura			
Contributing factor: Level of job satisfaction of health personnel (individual characteristics) Distances from health worker house to *puskesmas* Condition of the *Puskesmas* Frequency supervision from DHO to the *puskesmas*	1. Issue DHO circular letter (*surat edaran*) regarding mandatory implementation of monthly and quarterly mini workshop in *puskesmas*, also technical guidance and implementation guidelines 2. Budget for and implement integrated supervision and monitoring of *puskesmas*. 3. Needed new regulation related to redistribution of health workers in the *puskesmas*. 4. Development of checklist and tools for integrated supervision and monitoring and train DHO staff (including training of Service Excellence)	LG in Jayapura has implemented three out of the four recommended policies: 1. Surat Edaran/SE Notification letter of Head of DHO has been produced for mandatory monthly mini workshops. 2. Budget for integrated supervision and technical assistance to Puskesmas was already provided in LG's 2015, and in 2016. In 2015, although budget was provided only to 4 visit to Puskesmas (the initial proposal was 39 visits in 2015), DHO was managed to conduct 6 visits to 6 Puskesmas. In 2016, the LG budgeted for 6 supervision visits. DHO in Kab Jayapura has developed a mechanism for integrated supervision visit – focusing on Puskesmas with performance or management issues to be prioritized for the visit. A team at the DHO was established, where Head of DHO also becomes one of the member. The team discussed the priority Puskesmas and conducted the supervision visits together. 3. A checklist for integrated supervision was already established by the DHO team. The checklist focused on exploring management and programmatic challenges and problems faced by Puskesmas managers and staff. It was discussed further in Puskesmas monthly meeting "Lokmin". DHO plans to revisit the checklist and adjust it based on their experience and input from Kinerja's works with the provincial government	• The idea of a new regulation for redistribution of health workers in *puskesmas* has been withdrawn by the head of the DHO due to concerns of limited political commitment from the district head and other key stakeholders at the district level. As an alternative, the DHO conducted mapping of health workers currently posted at Puskesmas, to map the availability and type of existing health workers at the *puskesmas* level. The mapping of health workers have been conducted in October – November 2015, when DHO officials visiting each Puskesmas with the support of Kinerja Papua. As the result of this mapping exercise Kab Jayapura's DHO has a complete database of the health workers and staff assigned in Puskesmas. At the moment, the LG used the data to assign newly recruited health workers/staff to Puskesmas with gaps of health workers • The major challenge to re-distribute health workers is mainly because numerous health workers posted in the Sentani or surrounding areas are females and are wives of military/police personnel and or civil servants posted in Sentani. The LG has huge concerns of deploying these female health workers away from their family • Ensuring sufficient integrated supervision visit to 19 Puskesmas in

Factors Contributing to Absenteeism of Health Workers (prioritization)	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by June 2016	Challenges
		on Integrated Supervision's Module for ITAT It is important to notes that Multi-stakeholder forum in Kab Jayapura has been very active in following up the recommended policies – including submitting policy recommendations to ensure sufficient doctors are assigned in every Puskesmas in Kota Jayapura. The local government already responded to this recommendations as it was inline with LG's interests	Kab Jayapura continue to become one of the homework of DHO. • Even though 3 policies were already implemented, there is not yet monitoring and evaluation being conducted to explore progress of implementing the policies nor to assess the impact/effect of implementing such policies

Factors Contributing to Absenteeism of Health Workers (prioritization)	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by June 2016	Challenges
Jayawijaya			
Contributing factor: Level of job satisfaction of health personnel (individual characteristics) Leadership of Head of Puskesmas Travel time from home to Puskesmas Security of health workers	1. Establish tribal/local agreement (*kesepakatan adat*) to fine local community members for harassing health workers 2. Encourage more participative and transparent puskesmas planning based on MSS in health 3. Include an additional component for transport in the compensation provided to health workers based on zones and time traveled by foot 4. Establish mechanism fit and proper test for selecting and recruiting *puskesmas* heads	In Jayawijaya, two recommended policies were already formulated and implemented by June 2016. These policies are: 1. Established mechanism of fit and proper test to recruit Head of Puskesmas. In 30 Sept 2015, the Mayor finally inaugurated 20 New Heads of Puskesmas of which 18 Heads went through the fit and proper test selection mechanisms conducted in Dec 2014 (1 out of 1 highly recommended candidate, 9 out of 16 recommended candidates, 7 out of 17 less recommended candidates, 1 candidate didnot pass because he did not attend the last psychological test). In addition, there were 2 new Puskesmas heads which did not participate in the whole fit and proper test mechanisms All of the newly recruited head of Puskesmas also received formal training on Leadership and Management, early December 2015, where the training materials included human resources management and the oversight Furthermore in Q3 FY 2016 following up a long internal lobby and advocacy, Mayor of Kab Jayawijaya produced Mayor Regulation (Perbup) on selectin of head of Puskesmas using fit and proper test mechanism. Kinerja at the moment, is working closely with the DHO to support DHO in conducting performance review of the head of Puskesmas. 2. A tribal/local agreement (*kesepakatan adat*) was reached to fine local	• Some of the key stakeholders from the community felt that the local tribal agreement conducted at the district level is less effective. Agreement should be further taken at sub-district level, considering that different sub-tribes living in each of the sub-districts and each sub-tribes might have their own indigenous laws in relation to the fines. Thus, to be more effective the agreement should be taken further at sub-district level • Mayor's political influence is still high, especially in ensuring recommendations are followed up. Thus, recommendations are followed up if they are still inline with leader's political interests • Insufficient budget commitment to support the agreed recommendations

Factors Contributing to Absenteeism of Health Workers (prioritization)	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by June 2016	Challenges
		community members in the event that they harass health workers. By Q4 FY 2015. The agreement was drafted in March 2015 by a wide cross-section of district local stakeholders, who stipulated that fines and, in extreme cases, prison terms would be imposed on anyone found guilty of harassing health workers or threatening their safety. In Q1 FY 2016, the sanctions and recommendations recorded in the agreement were adopted by the district-level MSF and included in policy recommendations submitted to the DHO, Bappeda and DPRD. The draft was signed in the last quarter of FY 2015	

Factors Contributing to Absenteeism of Health Workers (prioritization)	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by June 2016	Challenges
Mimika			
Contributing factor: Level of job satisfaction of health personnel (individual characteristics) **Contributing factor:** Puskesmas condition **Contributing factor:** Presence/absence of Head of Puskesmas	1. Increase the capacity of the DHO and *puskesmas* heads in conducting supervision and technical assistance based on existing regulations/guidelines 2. Develop a district head regulation/decree on rewards for outstanding employee performance and reduced compensation for low performing health workers 3. Provide housing and strategic logistics for health workers 4. Enhance planning and coordination for drug procurement and disbursement between puskesmas and DHO	In Mimika district, none of the recommended policies have been followed up. Advocacy processes are still being implemented at Mimika. Similar to other district, Kinerja conducted assessment in Oct – Nov 2015 on the progress of the DHO supervision team, and the challenges found in this assessment was further discussed at the provincial level at the end of Nov 2015.	• Local key stakeholders identified high turnover rates of government officials, from high level to mid management level, affected that none of the recommended policies were followed up. • Government officials participated in May/ June 2016's FGDs stated that they did not feel enhancing planning and coordination for drug procurement/disbursement between Puskesmas and DHo contributed to reducing absenteeism rate. Therefore this recommended policy was seen unnecessary to be followed up at local level • Initially Kinerja also planned to provide TA to DHO team in building their knowledge and skills on supervision and monitoring. However, as Kinerja already decided to drop the provision of TA to Mimika's supply-side stakeholders, there was a need to find other support to ensure TA to the ITAT in Mimika. In the past, some strategies were developed to continue building the capacity of the ITAT team on integrated supervision and TA, including requesting funding support from PT Freeport for the trainings as well as LG budget funds. However, as of the end of Q3 FY 2016, these plans had not been fulfilled. • Minimal engagement of district-level MSF in advocacy works to endorse and follow up the recommended policies

Factors Contributing to Absenteeism of Health Workers (prioritization)	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by June 2016	Challenges
Kota Jayapura			
Contributing factor: Level of job satisfaction of health personnel (individual characteristics) Supervision factor from Jayapura city DHO to the *puskesmas* Distance from health worker house to the *puskesmas*	1. Strengthen transparency of primary health care management with internal controls and display *puskesmas* budget 2. Provide timely compensation for *puskesmas* workers based on their performance 3. Improve the implementation punishments and awards to exemplary employee 4. Conduct integrated supervision – with regular schedule and follow-up after supervision	As in Kab Mimika District, none of the recommended policies in Kota Jayapura was implemented, even though another follow up workshops was conducted on May 6 2015. The workshop participants, who comprised officials from the DHO and Bappeda together with staff from all of the district's 12 *puskesmas* and members of the district- and *puskesmas*-level MSFs, agreed upon two recommended policies for immediate follow-up and implementation: (1) assess the effectiveness of the DHO's integrated supervisory and technical guidance team in reducing the levels of absenteeism inside *puskesmas* across the district, and (2) establish a reward/punishment mechanism for outstanding/underperforming health workers will focus on health-care personnel at *puskesmas*	• Poor leadership within DHO was identified as one of the challenges in implementing recommended policies. • Local key stakeholders involved in June 2016 assessment identified that each divisions in DHO rarely worked as a team, that they liked to work individually – thus raising the question on how the recommended policies can be followed up, especially related to implementation of integrated supervision • Unclear roles and responsibilities amongst LG's Civil Servant Bureau (*Badan Kepegawaian Daerah*/BKD) , Division of Health Workforce (*Bidang SDM*) and Human Resource and Civil Servant Section (*Bag Kepegawaian*) in the areas of policies related to compensation and performance based incentives. This led Kinerja to focus on working heavily with the LG's Civil Servant Bureau, Division of Health Workforce, while neglected to involve the Section of Human Resource and Civil Servant in the policy discussions • Limited budget is available for the DHO to cover other health priorities • The MSF felt that DHO and the leaders have other competing priorities, and provided less attention to the issues of health workers absenteeism. At the same time, the MSFs realized that they had not done sufficient "noise" in raising up this at local level, even though for the MSF members the issue of absenteeism was seen as an important issue to be addressed by the government